MARYLAND STATE DEPARTMENT OF HEALTH

the collect of the	230.00	m Hichele	ngi
	e i de la compania		officers.
Ye was profit			114
	16.4	16	and or do
remotion for mod	2	Littledic	
Autoropy (	diam'r	a mala assertion of	in(prod
	i= 10.		
and ref	all alleg	K 1/16tap	
.m.fr. 80	#13m 12p	destroit.	
Developed and the second	L. L.	F15	
	ж	Sirend -	
0.6		A Contract	
in the south , with a	revisit 100	.हि. १ <sub>स्त्रे</sub> श	
Tallows Took Hotel, To.	ALC: UNI	English (Sector)	

MAKTLAND STATE DEPAKEMENT OF HEALTH

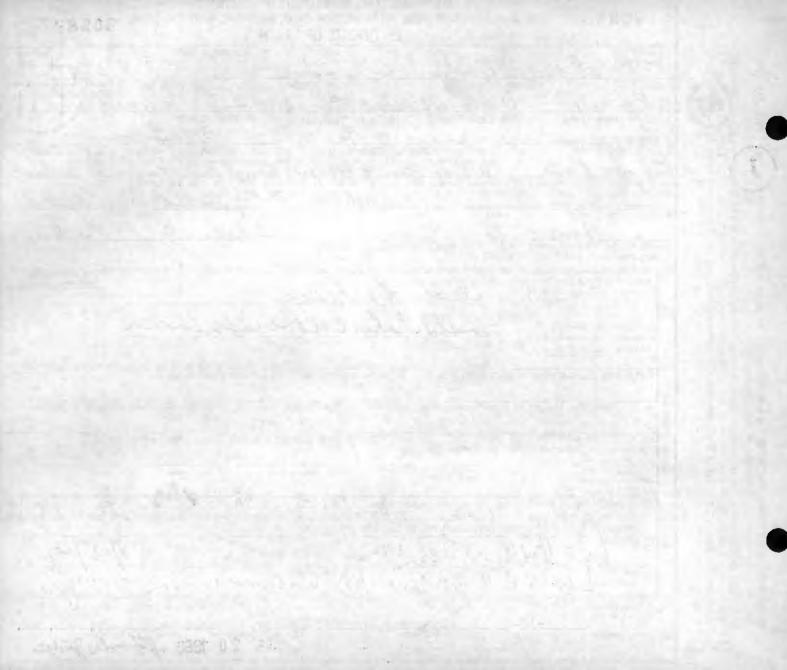
0.200 The state of the s drugger at his to the Landers' modes . The many of the text The second secon the state of the s a letter AND CONTROL OF CONTROL OF THE PARTY OF THE P

TROOP - MEDICAL LEGISLANCE STRUCKER STRUCKER - - RECENT Agendancy for the fourth dilyes wing the day drops the day the - ON Coldie 2011 - W .the.ill Prementers - enactable lateich - Wilsel orologi sense orilly - Lord Strates and Lightly and Strates and man and the second of the seco

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 9 8 2 CERTIFICATE OF DEATH 0098" DECEASED-NAME 2c. DATE OF DEATH 2b. HOUR (Type or print) 3 SEX 4 PACE 6. AGE (In years 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH requires that the death certificate be executed within 24 hau country) WIDOWED [ DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work does give street oddress) during mast of warking life, even if retired.) and campletely K3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13h COUNTY Montgomery YES E 8024 Hampden Lane NO Maryland 14. FATHER'S NAME and in any Middle 15. MOTHER'S MAIDEN NAME First Lost Middle 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY CIBCULATORY COLLAPSE 2 HR S IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) MATASTAIC OARCINOMA-LIVER. OVARY rise to immediate cause (a). stating the underlying couse PRIMARY CARCINOMAY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) certificate has been 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20c. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO C 21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ō OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work O FUNERAL DIRECTOR: After this 22a. I certify that (1) (this haspital) attended the deceased fram\_ (SC/1, 19 67, to JAH 23, 1967, that (1) (We) last saw the deceased olive on 1969, and that in (my) (our) opinion death occurred on the date and from the couses stated above, (1) (we) (did) (did nat) view, the body ofter death, 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE 22e. ADDRESS FAIL WIJE DALKO NAME (Type) BETHESDA 23b. DATE 23d. LOCATION (City or Town) 23¢. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Silver Spring, Maryland 1-25-69 Gate of Heaven Cem. PUMPHREY, Bethesda, Maryland 250 RECT BY REGISTRAR 256 REGISTRAR'S SIGNATURE

25230 1541	STATE OF TAXABLE	De 10 a minora	EMIRHE
ent rate, and re-	Maria de la companya	n self i governer Se nevels i red selfo.	Filedia.

a.	t t	MARTLAND STATE DEPARTMENT OF HEALTH	
		00988 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		Items#4, FilmGh09 1/29/69 km CERTIFICATE OF DEATH	
2 1 72	J. D	ECEASED-NAME First Middle Lost 2a, DATE OF DEATH 2b, HOUR	-
hours after death in by the funeral rs Pages I and 3	(	Type or print) P Day 1 > Year 2 > 750.	A.B
unerg dead	2 6	EX A RACE S DATE OF BROTH 6. AGE (ID YOUTS I FUNDER 1 YEAR INF UNDER 24 HRS.	.vi
a Table	3. \$	S. DATE OF BYSTH  6. AGE (In years   1 funder 1 year   1 funder 24 hrs.   1 funder 24 hrs	-
2 437		Pemale April 44dah White 3-3-02 66 485. 10/10	
5 2 3		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	COU	Permaalvaria american WIDOWED DIVORCED Montgomery Mc	d.
min 72 hin 72	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane) 12b. TIND OF BUSINESS OR	-
(in Sound 1	7	give street address) [during mast af warking life, even if retired.) INDOSTRY	
M Page	130	USUAL RESIDENCE (Where deceased lived) if institution: Residence before 13c. CITY OR TOWN 13d. MISTOC CITY UNITS? 13e. STREET AND NUMBER 2	-
omplete ve corb	adm	ission) STATE DO 134 COUNTY WILL BOY YES NOW 1884 COUNTY	
xec ny equ	14.	FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Lost	=
PHYSICIAN: The low requires that the death cartificate be executed within 4 to hospitol ar attending physicion. This certificate has been signed by the ottending physicion and completely filled. Stacked for use as the burial-tronsit permit. Then please remove carbon paper Dept. of Health priar to burial, cremation, or removal, and in any event, within 72.		11. B AI mond 1 0 PA	
ion ion ind	160	WAS DECEASED EVER IN U.A. ARMED FORCES? 16b. SOCIAL SCURITY NO. A 17. INFORMANT Address	-
Sicol Ple	100	(es, ng_prunknown) (If fes give wor or dates at service)	
phy ovo	-	APPROXIMATE INTERVAL	- Common
w death ca offending p permit. The		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY:	_
offendi offendi permit.		PART I. DEATH WAS CAUSE (o) LEVEL / MARCHANIC CAUSE (o)	
offerm on offerm		DUE TO, OR AS A CONSEQUENCE OF	
the the nation		Canditions, if ony, which gave)	
n. y t ons		rise to immediate cause (o).  DUE TO, OR AS A CONSEQUENCE OF	
equires that the physicion. Signed by the burial-tronsit		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
uire hys gne gne uria		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	=
The low requires the attending physicion. has been signed by se os the burial-tro. The prior to burial, cre		THE ENTIRE FORM SALE OF THE PRINCIPLE SALE O	
din th or t	No.	190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	_
IAN: The low ret foll is attending to ficote has been s for use os the b feelth prior to b	CERTIFICATION	CAUSES OF DEATHS	
年 5 号 8 号 人	ERI		_
IAN of For for He		21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Doy Year	
printing of the	MEDICAL	(If either, notify medical examiner) P.M. 19	
G PHYSICI) the hospite this certifi defacthed f	E	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while	
the this detre		at work at work	
by the Affer of State		22a. I certify that (1) (this hospital) attended the deceosed from 10 (we) las	
TENDING ined by th OR: After t ould be do the State		saw the deceased alive on 19 3, and that in (m) (our) opinion death occurred on the date and hour and from the	9
A House		causes stored obove (1) (we) (did) (did not) view the body after death.	_
OR ATTENDING PHYSICIAL be retoined by the hospitol SIRECTOR: After this certifice e 3 should be detached fo ed with the State Dept. of H		226. SIGNATURE DEGREE ATTENDING THEOLOGY STAFF 1220. DATE SIGNED STAFF 173 DIRECTOR, DIRECTOR, PHYS.	
o e e e e e e e e e e e e e e e e e e e			
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospitol =r attending 10 FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be defached for use as the should be filed with the State Dept. of Health prior to		22d. PHYSICIAN'S NAME (Type) luis Hillard Munis W 22e, ADDRESS humorn for Arting	
NE 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			=
Fire Fire thou	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	
5- 5 ps	_	Durial 1-16-69   Epinhany Church Cerefory   Forestrille Pr. Geo. Md.	
VR ATS	24.	FUNERAL DIRECTOR  ADDRESS Linelin Funeral Home 4308 Suitland Rd.  250. RECT BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  ADDRESS Linelin Funeral Home 4308 Suitland Rd.	·
30M REV.	17.00	DATE DATE	



	I	maryland State DEPARTMENT OF HEALTHITEMS 19822aFilm Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	409 2-2 1-69 3984 ams
FOR STATE	2,	1098 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9002
HEALTH DEPT.		lybe or Printl	Day Year 25 HOUR
Pog to	3 9	WILLIAM PAUL ALLEN 5 DEATH MATED 1-30	
PM3 Poo	1,	THREE CALL S DATE OF DIKES! MOUNTED DAYS HOUSE MAN	-64901 19 4:55 PM
- Way		BIRTHPLACE (Stole or foreign 7b. CIT-ZEN OF WHAT COUNTRY? 8. MARRIED ANEVER MARRIED 9. COUNTY OF DEATH	17 - D EM
Rages 1, State De		Try) Dexas U.S.A. WIDOWED DIVORCED Montgomer	- 1110
the State		Takoma Park give street address) Wash. San. & Hosp. during mortal working like even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
hours after de Item 18 serve B Offick along y land 2 with the after death.	+3a	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 130 CITY OR TOWN 130 INSIDE CITY (IM TS? 130 STREET AND NUMBER 1304 Number 1304 Quebec S	t.
hour literal Office of Italy and 2 after	14. 1	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
24 Lin His Cris Cris Cris Cris Cris Cris Cris Cr	,,,	Luther M. Allen Grances 9.	McCoy
I within 24 in pencil in Exominer s Exominer s File pages		WAS DECEASED EVER NUS. ARMED FORCES?  [16] SOCIAL SECURITY NO  [17] INFORMANT  Mrs. Gloria Allen - Wife  ADDRESS  AUG.  ADDRESS  AUG.  ADDRESS  AUG.	tts., Md.
rted in Sol Es		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding of Medical I permit.		HMMIDIATE CAUSE (a) Ruptured abdominal aortic aneurysm  447. DIE TO, OR AS A CONSEQUENCE OF	
be e ''per inef / insit		Conditions, if ony, which gave )	
shauld be e ne ward "per to the Chief I burnal-transit		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho he v to th burn d in		lost. (c)	
ficate ing th ded 1 ded 1 as a (, and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certil writ grwar used mava	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES NO  NO
VER: This certificate nould be fles. should be should be fron, or re		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day Year PRIMARY OR CONTRIBUTING HOUR A.M. 216 TIME OF INJURY Month, Day Year 1 216 HOW INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, feet	m 18)
INER: e cert shaul files. 3 shau atron	MEDICAL	CAUSE OF DEATH P.M. 19	
CAM re th raur raur age crem	-	21d INJURY OCCURRED WHILE AT WORK AT W	County State
beevery please execution for the form of the following personal director. Page may be retained for print to burial, the following print		22a   certify that I took charge af the remoins described above, help an Autapsy   Inspection   Inquiry	and in my opinian
JTY DIC.		death resulted com Natural causes 🖾 , Accident 🗋 , Suicide 📋 , Homicide 🔲 , Undetermined monner	
y, please relating to the prior to prior to		ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 225 DATE SI	IGNED
PUT sany uner uner y be		PEPUTY MED CAL EXAMINER TALL	31.1969
o DEPUTY necessary, it the funeral 5 may be r 0 FUNERAL Health prince	23-	NAME (Type) Belden R. Reap, MD  BUR AL, (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (C ty or Town)	(Cauchy) (State)
2 2 -	230	5 Willate 2-3-1969 St. Lincoln Cemetery Prince Georges 1	(Caunty) (State)
(PR	24.	FUNERAL DIRECTOR Fice of Amelia ADDRESSIL. Spr., Mazso RECD BY REGISTRAR 250 REGISTRAR 5 S	
VR A15ME (5) 10M REV 1/68	Ux	urner E. Pumphrey, Inc. 8434 Georgia Avenue DATFEB 5 1969 Volume	an Vienne



MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00585 00990 CERTIFICATE OF DEATH 2b. HOUD M 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH in by the fundral 2 deoth. {Type or print} Month (None) Fred Alt January please remove carbon papers. Pagesett. I, ond in any event, within 72 hours after. S DATE OF BIRTH be executed within 24 hours after 3 SEX 4 RACE 6. AGE (In years IF LINDER YEAR lost birthdoy) MONTHS 6 March 1912 Male White 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [ USA WIDOWED | Austria Montgomery and-completely filled 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospitol give street oddress)

The Clinical Center, NIH 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired } INDUSTRY U.S. Navy Bethesda 13a USJA, RESIDENCE (Where deceased lived, if institution. Residence before 113c CITY OR TOWN 3d INSIDE CITY JMJTS? 130 STREET AND NUMBER Montgomery Warvland. YES TO, NO TO 5200 Carlton Street, 14 FATHER'S NAME 115 MOTHER'S MAIDEN NAME First Middle Joseph Alt EIKE Elsa Schreier requires that the death certificated 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Bethesda, MarylandAddress Yes an or unknown) (If yes give war or dotes of service) burial, cremation, or removal, 060-12-7984 The Medical Records, The Clinical Center. Heart failure 18. CAUSE OF DEATH (Enter any one couse per line far (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic Heart disease with congestive/ 1 month 205 X DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) bl Multiple Myeloma 2 Years nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, crer stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES [ NO [¥ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT MOME FARM STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while 22a. I certify that (19 (this haspital) attended the deceased from 3 December, 1968, to 4 January, 1969, that (19 (we) last sow the deceased olive on 4 January 1969, and that in favy (aur) apinion death occurred on the date and haur and from the couses stoted above, (It (we) (did) (did) (view the body after death. 22b SIGNATAR 22c DATE SIGNED **ATTENDING** MED DIRECTOR 2 4 January 1969 DEGREE 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN S NAME (Type) Martin H. Cohen, MD. Institutes of Health, Bethesda, Md. (State) Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23a BURIAL, CREMATION 23b. DATE (County) 1-7-1969 Cedar Hill Crematory Suitland, Prince Georges Co., 24 funeral Director
Joseph Gawler's Sons. Inc., 5130 Wisc. Ave.
N.W., Wash., D.C., 20016 250. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE ILLICENSER Y

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0099. CERTIFICATE OF DEATH 00989 DECEASED-NAME First Middle Last 20. DATE OF DEATH deoth. 2b HOUR and (Type or print) Clara Hart ANDREWS Januar Worth 20 820A A 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF JINDER 1 YEAR IF JHDER 24 HRS (yashbuthday) Female Caucasian Aug. 10, 1876 MONTHS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED 1 NEVER MARRIED 1 country) Pennsylvania signed by the ottending physician and completely fished in burial-tronsit permit. Then please remove carban papers burial, cremotion, or removal, and in any event, within 72 h. USA DIVORCED | Montgomery WIDOWED 124 within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a USUA, OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street address) Naval Hospital Bethesda during mast pf working lifer eyen if ret red) INDUSTRY N/A 13a USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 3d INSIDE CITY JIMITS? Maryland 13b COUNTY Montgomery YES 🕞 Bethesda NO. 8201 Jefferson St. 14 FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME Forst Last Mudale Last OR ATTENDING PHYSICIAN: The law requires that the death certificate be James Paxton Hart Eliza Jane AIKEN 17 INFORMANT Bethesda 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Address Yes pa, ar unknown) [If yes give war or dates of service) 48 5337B Mrs. Irene Whyte, 8201 Jefferson Street 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebro vascular accident secondary to DUE TO, OR AS A CONSEQUENCE OF arteriosclerotic cardiovascular disease Conditions, if ony, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should lie filled with the State Dept. of Health priar to be 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [ ves 4 may be retained by the hospital or 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 (fem 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M Manth Day Year 21d MadRY OCCURRED 21e PLACE OF INJURY ( AT HOME, FARM, SIREET, FACTORY. ) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from Jan. 2 , 19 69 , to Jan. 20 , 19 69 , that (1) (we) last saw the deceased alive on Jan. 20 19 69 , and that in (m) (aur) apinion death accurred on the date and hour and from the causes stated above, (X) (we) (did) today of the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE Jan. 21. 1969 DIRECTOR 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS Naval Hospital, Bethesda, Md. John A. Routenberg, M. D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23b DATE 23a BUR AL, CREMATION, (County) 1-23-69 Arlington National REMOVAL (Specify) Arlington Arlington Va. 24 FUNERAL DIRECTOR Robert A. Pumphrey Fufferal Home VR A15 (4) 7557 Wisconsin Ave. Bethesda, Md.



36. 388		20999 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	J2087
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED NAME First , Middle Last 2a DATE KNOWN Manth [	Doy Year 25 HOUR
Boge 15	3 5	Death MATED JON.	11 1969 63 N
deloy and 3 M3. Ro		male white 12/27/:951 MONTHS DAYS HOURS MIN Month Doy	Year 19 5 2 2 AM
ny Pm P		BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 7 9 COUNTY OF DEATH	
form form	(001	The discret ( ) 17 WIDOWED BYONEED // MATTER	on any M
ofter death.  8. Give Pages 1, along with form with the State Deleath.	10. (	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	26 KIND OF BUSINESS OR NDUSTRY
s ofter di 18. Give along w with the deoth.		USUAL RESIDENCE (Where deceased   ved, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
18. 18. 18. 18. 18. 18. 18. 18. 18. 18.	0	dm ssian) STATE Mid 136. COUNTY Mont Sichuson YES NO 1 RFD H 3	2
thours them 18 Office 1 ond 2 ofter d	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 hours hours		WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO   17. INFORMANT ADDRESS	in megrere
uted within 2 or Examiner cal Examiner ant File page:	()	(85, no, or Inknown) (14 yes give war or dates of service,	mand_s
be executed with pending in pending in pending to pending Exstance susting the event within 72		18. CAUSE OF DEATH (Enter only one cause per une for (a), (b), and (c))	APPROX MATE INTERVAL BELWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) NU/71P/2-INJUTIES. Severe-	3th -
exemending Medit Medit perit p		16.0 DUE TO, OR AS A CONSEQUENCE OF	
d 'p d 'p Chie rans		Conditions, if only, which gave nse to immediate couse (a). (b) Trauma-fiem. Acto Accident -	
should be e ne word "per to the Chief I buriol-transit I in ony even		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
e sh the to 1 to 1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(a)	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		THAT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEALE BUT NOT RECITED TO THE TERMINAL DISEASE OF COMP FOR GIVEN IN PART 1(0)	
te, writing farwarded farwarded e used os o removal an	CERTIFICATION	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This create, be fail	TIFIC	WAS PERFORMED?	YES 🔁 NO 🗆
물등 물건 1		21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A M	
INER: Te certifice should be files. 3 should bottom, or	MEDICAL	CALSE OF DEATH	
the the 4 s our fur fur fur fur fur fur fur fur fur f	>	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, farm, street,  WHILE NOT WHILE AT WORK AT W	County State
EXAMINER: cute the cert oge 4 should r your files. Poge 3 should it, cremotion			*****
DEPITY  Scassary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page safth prior to burial, crem		220   certify that I took charge of the rémoins described obove, held an Autapsy ), inspection , Inquiry ), locater death resulted from Natural causes , Accident (), Suicide , Homicide , Undetermined monner	
DIO 20 Se irrecto airrecto trecto to b		CHIEF MEDICAL EXAMINER	
y, ple y, ple prior		ACTUAL SIGNATURE Of Ball MD ASSISTANT MEDICAL EXAMINER 226 DATE SI	GNED
Sary, mercy be lere		EXAMINER'S DEPUTY MEDICAL EXAMINER A JOA	11.1969
ro DEPILTY necessary, the funera 5 moy be ro FUNERAI Health pri		NAME (Type)  JOHN G. BALL  ADDRESS(Street, cty town, or county) Bethesd	a, Md.
5 = ± 2 5 ±	23 a	PEMOVAI (Specify)	(Stote)
	24	Rurial la ar co   Arlington, Nationall Arlington Vi	
VR A15ME (5,	1	FUNERAL DIRECTOR Pumphrey 7557 Wisconsin Ave DATE AN 15 1969 PUMPHREN DATE AND 15 1969 PUMPHREN DATE AND 15 1969	

MARYLAND STATE DEPARTMENT OF HEALTH



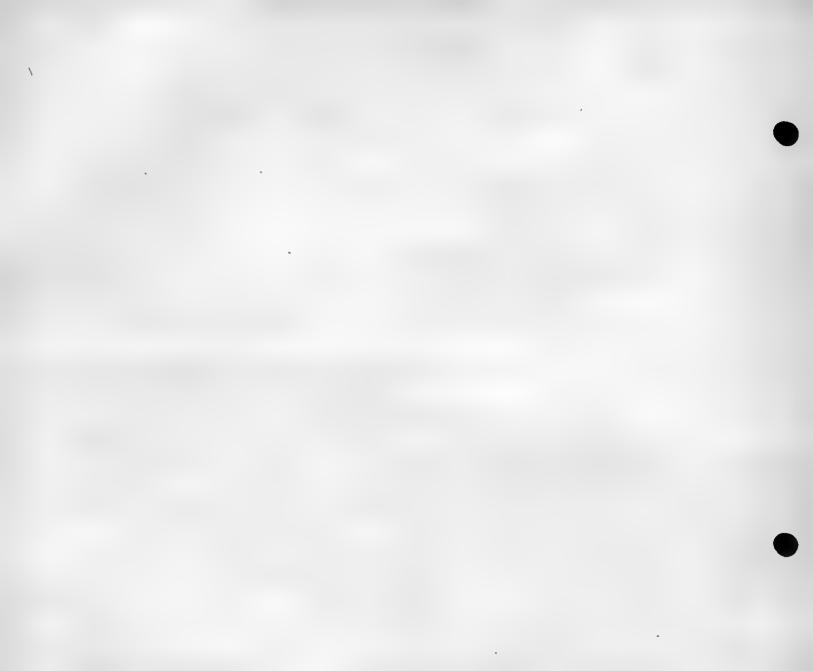
1		ə099u	DIVISION OF VITAL RECO	RDS, 301 W. P	RESTON STREET, BA	ALTIMORE, MAR	YLAND 21201	00988	
deoth.		ECEASED-NAME First Type or print) JOH	Middle THOMAS		W00D	2a DATE OF	DEATH Month 17Doy	69Yeor	2b. HOUR 4:45 P
offer for	3. S	EX MALE	4 RACE WHITE		S. DATE OF BIRTH 8/2/96		6 AGE (In years last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS M.N
in by		BIRTHPLACE (State or foreign ntry) MARYLAND	75 CITIZEN OF WHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED 1	9. COUNTY OF MONTG	DEATH OMERY		Md
ithin 2 ly filled on pop within	10	CITY OR TOWN OF DEATH OLNEY	11 NAME OF HOSPITAL give street addition is	OR INSTITUTION (IF IN	at in haspital 12a. I GENERAL derigi	USUAL OCCUPATION	(Kind of work done if NEO if MARE)	12b. KIND OF B	SUSINESS OR
omplete event,	13o adm	USUAL RESIDENCE (Where deceases state MARYLAND	ied lived, if institut on: Residence b	efare 13c CITY OR	TOWN 13d INSIDE O		EET AND NUMBER	7	,
be exected on the second condition only	14.	FATHER'S NAME First JAM	M:ddle		. MOTHER'S MAIDEN NAM	NE First PEAR	L HOWSEI	R	Last
hysician or please poly ond in	160	WAS DECEASED EVER IN U.S. ARN YONG OF UNKNOWN) (If yes give w	AED FORCES? rear or dates of service)  [16b. SOCIAL SEC	-	NFORMANT MEETER	WRECOKES	Address		179
PHYSICIAN: The low requims that the death certified hospital or attending physician his certificate has been signed by the attending physiched for use as the burial-transit permit then Dept. of Health prior to burial, cremitian, or remova		PART I DEATH WAS CAUSED IMMEDIA Conditions, if only which gove use to immediate cause (a) stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	CE OF CALLER	eclecif cinjarion of the Terminal Disease	orcondition given	IN PART 1(0)	BETWEEN ON:	ATE INTERVAL SET AND DEATH
The low attendir his bile se as the the priori	CERTIFICATION	190. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION V	WAS PERFORMED	20a. AUTOPSY? YES NO		YES, WERE FINDINGS C OF DEATH?	ONSIDERED IN CER	ETIFYING
ICIAN: pritol or rrificate of for u	MEDICAL CE	210 ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT  (If either, natify medical examin	HOUR A.M Month Day ner) P.M.	Year 19	OW INJURY OCCURRED (				
Page 4 may be retained by the hospital or attending physician  Page 3 the physician ond completely filled in by the attending physician and completely filled in by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit then please remove carbon papers. Page should be filled with the State Dept. of Health prior to burial, cremetian, or removal, and in any event, within 72 heaves	WE	While Not while at work  22a. I certify that (I) (the saw the deceased a couses stated above 22b SIGNATURE  22d. PHYSICIANS NAME (Type)	is hospital) attended the delive on Sza 19 e, (1) (we) (did) (did not) view  13 ali 15 a	eceased fram	REE PHYS 220. ADDRESS	953, to sopinion death of DIRECTOR D	STAFF PHYS 22c.	Caunty  65, that the and haur a  DATE SIGNED  1/18/65	
TO HOS Page 4 direct shoul	L		21-1919 Gat	me of cemetery or c of Ideau	ien Ceretor		N (City or Town) n Spri a .	(County)	(Stote)
VR A15 (1)	296	C. G	len Carter Al	DRESS : 1.5p	renne DATE	Nº 2 3 TRAP	2Sb. PS-MS-TRARS	SPENATURE	er.



1	**	MAKYLAND STATE DEPARTMENT OF HEALTH
FOD CTATE	44	1999, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
TUK STAIL	1 0000100	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	<ol> <li>DECEASED</li> <li>Type or</li> </ol>	20 3/12 100/11 504 128 1100/1
ay is 13 to Page ent af		Kandall Somers AUDINGE DEATH MATER QUAN 15 1969 // AM
delar and 3 M3 Pr tmen	3 SEX	4 RACE S DATE OF BIRTH 6 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 22 DATE PRONOUNCED DEAD 22 HOURS MITH Day Year 37 11 11 11 11 11 11 11 11 11 11 11 11 11
ny del p. and PM3 artme	M-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	70 BIRTHP.	ACE (State or foreign 7b CT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
8 D 20 1	country) W	
death Poges with far		TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120. USUA. OCCUPATION (Kind of work done daying most of working life, eyen of relired.)  About RY:  About
000		
s after de 18. offee de 2 with the death.	adm ssio	RESIDENCE (Where deceased I ved, if institution Residence before 13c CITY OR TOWN  13d HISDE CITY LIM 157  13e STREET AND NUMBER  13 STATE Mel 13b. COUNTY Montgorney Rockville  VES 10 0 5924 Holland. Pd.
24 hours after in the 18. 57ve r's Office along es 1 and 2 with the irs after death.	14. FATHER'S	
24 si	//	asry S Aubinoc. Hattie E. Randoll.
within 24 pencil in xaminer's ile pages 72 haurs		CEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS A CONTROL OF UNIXION
with person Example File		Approximate Interval
be executed "pending" in nief Medical E ansit permit. F event within	18. (	RETWEEN ONSET AND DEATH
be executed "pending" if hief Medical I ansit permit. event within		. IMMEDIATE (AUSE (a)
e ex penc ef M ef M	cost	DUE TO, OR AS A CONSEQUENCE OF Social and Acciclent Social .
d b d 'j Chie	rise to	a immediate cause (a), (b)
shauld be e ne word "per a the Chief ! burial-transit	stotin las†	ig the underlying couse Due to, OR AS A CONSEQUENCE OF  (c) Rupture of Aneurysna of Abolominal Acris 24h-
sh fe ta t bur fur		(i) KOPTUIT . PATIENT JANGO ADECOMINATION ATTER
us certificate shauld te, writing the word farwarded ta the Ch e used as a burial-tre remaval, and in any	PART 2	OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ritiring paragraph of the state	00 D	DATE OF OPERATION 90 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
s certii e, writ farwal used emava	30 D	WAS PERFORMED?  YES IN NO
	210 E	XTERNAL CAUSE WAS 216 T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Irem 18)
生物 중 기가	₹ PRIM	ARY DUOR CONTRIBUTING   HOUR A M
INER: e certif shauld files. 3 shaulc		FOF DEATH    DAM JON 19 19 67 When driving Can-frainted - I Can: Struck a File  NURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. OCATION Street or R FD. No. (tty or Town County State
EXAMINER: 11 Ute the certifica age 4 should be your files. Page 3 should to tremation, or	WHII AT MC	ORK AT WORK Steet (1) G200 block of Filden Rockville Mont. Med
EX Sage		22a   certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   and in my opinion
ICAL ES executor. Page ed far CroR: P burial,		leath resulted from: Natural causes, Accident 🔀, Suicide, Homicide, Undetermined monner
direct direct direct DIREC DIREC	4	
ITY please ry, please erol direct be retain RAL DIRE priar to	ACTU	
UTY, 277, De be Be Pr		DEPUTY MEDICAL EXAMINED DA 2 2 1.5.1969
necessary, please execut the funeral director. Pag S may be retained far y to FUNERAL DIRECTOR: Phealth priar to bur al,		MINER'S  IE (Type)  ADDRESS(Street city, town, or county)
Te Fe Fe	23a BURIA	NL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
n.K	BARRE	VA. (Specty) 1-201939 / Parkla. Cenetery Rockville Mortgomery Md.
(4)	24 EUNER	ALPEROMORE CITIES (SILVENTE ADDRESS . 7". 19250 PET D. BY AEGISTERS 25 DEPOTE OF SIGNATURE LE
VR A15ME (1)	1. 1.7. 1	o. E. n. whrey, S. a. 13" Gong a luc. e Date



, 1	Items10	ELL FILMS	U9		DEPARTMENT OF RESTON STREET, BALI		n 21201	00000
FOR STATE	2/19/6	5 KB CB a			'S CERTIFICATE		J 21201	00990
HEALTH DEPT	1 DECEASED NA	WE First	MEDICAL	Middle	Lost		DATE KNOWN Month	Day Year 2b. HOUR
	(Type or Prin	Joseph	•	Edward	Barti	.ev	OF ESTI- DEATH MATED	19 - 11
delay is	3 SEX	4 RACE	S DATE OF BIRTH	6. AGE	In years IF UNDER I YEAR	IF UNDER 24 HRS. 2c	DATE PRONOUNCED DEAD	2d. HOUR
e a grand de	Male	Cauc	7/23/4	7 27	rthdoy) MONTHS DAYS YRS	HOURS MIN	Month 2 Day 1	Year 19 69 /2 MM
2, 2, P	To BIRTHPLACE		E CITIZEN OF WHAT			RRIED 7. COUNTY	OF DEATH	4
E D E	country)	sh D C	USA		WIDOWED DIV	ORCED []	Mobtgomery	■d
after death ny was a Give Pages 1, 2, p along with farm PM with the State Depart leath.	10 CITY OF TON	n of DEATH	11 NAME	OF HOSP TAL OR INS	TITUTION (If not in hospital	.2a. USUAL OCCUPI	ATION (Kind of work dane	126 KING OF BUSINESS OR INDUSTRY OF KIND
r de g w g w	=R(dg)(k)	(7/1/1/1X/e/	also the	Ly Cress	Hospital	COCCE	onst. Tra	in Chem. Co.
s after 18. Gi 18. Gi along	13d USUAL RES admission) :	IDENCE (Where decease	d lived, if institution 13b COUNTY Mo	i Kas-denca hatoral	Sil. Spg.		STREET AND NUMBER	tor st.
haurs after death The 18. Give Pages 1, Office along with farm land 2 with the 5tate Da after death.		A 30,0	1			10 110 11		
haurs Item 18 Office (	.4. FATHER'S NA	VIE First	Middle	Last	IS, MOTHER'S MA		Middle	Last
24 rin ris es	14m WIRC DEFEAC	Frank L		Bartley SOCIAL SECURITY NO		Helen	Marie	Zimmerman
	(Yes na, or un	known) (If yes give w	or or dates of service)	19-46-886			usin ADDRESS/3 a	
. ₹ . ±	YES	Viet	Nom 1		Joseph	S. Hoove		itary Rd.
be executed "pending" in hief Medical Fansit permit. Fevent within		E OF DEATH (Enter only F   DEATH WAS CAUSED	BY.	or (a), (b), and (c) )	600 000	000 1.	10.000	BETWEEN ONSET AND DEATH
haul, be executed ward "pending" if the Chief Medical Inal-transit permit.		TAIDEMMI	TE CAUSE (a)	A CONSEQUENCE OF	2 /200	ou cu	pu wis	
"per "per nief It	Condition	, if any, which gove )		ncure	0 5	2. 10	cai Gous	
aul, the Chi		mediate cause (a), ( e underlying cause (		A CONSEQUENCE OF		AMAN N		
shauld be en ward "pel to the Chief I burral-transit	lost.	s dindarying cause	(r)					
the state of the properties of	PART 2. OT	HER SIGNIFICANT CONDIT	TIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMINAL O	DISEASE OR CONDITION GI	VEN IN PART 1(o)	
Fira ing dec	₹ 10. DATE							
verifi arwar used mova		OF OPERATION	195	. CONDITION FOR W WAS PERFORMED?	HICH OPERATION			20. AUTOPSY?
	210 EXTER					0.00	0	YES NO
T 77 =	210 EXTER	NAL CAUSE WAS  OR CONTRIBUTING		IRY Month, Day, Year	215 MOUNT ON THE PART OF	CENERED GENT HOUND OF	Compresent Son Son So	y Elecar
INER: e cert shaul files. 3 shou	吕 CAUSE OF	DEATH	THE PART	1-31 196	7 while	a stru	BITTER	-
EXAMINER: cute the certificate 4 shauld age 4 shauld ry your files. Page 3 should, cremation, it cremation.		NOT WHILE TOCT	LACE OF INJURY (At h	ame, tarm, street,	2.1. LOCATION Street	OF KILD NO	Cly or Town	month State
L EXA ecute Page or yau R:Pag ial, cre		AT WORK	Alle	21		KICK, K	kure. Apring	The way
r. P					above, held an Auto		tion , Inquiry	
please directo retained DIREC	aeor	h resulted fram	Natural causes	Accident			Undetermined monner	
pled dir dir to pled dir to pl	ACTUAL	V. 101	Alex 1	T1/5/	, /.	FEF MED CAL EXAMINER S STANT MED CAL EXAMINI	22b. <b>DAT</b> i	FSIGNED
UTY, iero be be pri	SIGNATU		uco /	X X	- ALV	PUTY MEDICAL EXAMINER	X 1/	1 1010
TO DEPUTY SICAL EXAMIN necessary, please execute the the funeral directar. Page 4 st 5 may be retained far your fit TO FUNERAL DIRECTOR: Page 3 Health priar to burial, crema	EXAMINI NAME (T		DEN/K	1. 0-1=		ACTS 18 CON COUNTY TO MAN	or county) Jef	1,1767
the Fee	23o. BURIAL, CI	EMATION, 23b.	DATE	23c NAME OF C	EMETERY OR (REMATORY		ATION (City or Town)	(County) (State)
	REMOVAL	al - 17eb	4.1969 .	Cedar	Hill Campton	S.	utland M	aruland
0.0	2 CEUNIDA D	micrarier 12	remente		Hill Cometer Maryland		AR 25b REGISTRAR	
VR A15ME (5)	Warner	E. Pumphre	4,9nc.843	4 Ga. Ave	.Silver Spg.	FER 7 4	DEO Meliant	a. Rudge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First M.ddle Lost 20. DATE OF DEATH 2h HOUR (Type or print) Month CLARA LEACH BATEMAN 9:200 M executed within 24 haurs after ease remave carbon papers. Pagesty and in any event, within 72 haurs affeit 3. SEX 4 RACE 5 DATE OF RIRTH *IF JNOER 1 YEAR* 6. AGE (In years IF UNDER 24 HRS last birthdoy) HOURS Female White 3-15-93 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED country) D.C. .⊑ U.S.A. Montgomerv WIDOWED IX DIVORCED [ 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Wash San. & Hosp Takoma Park 130 USUAL RESIDENCE (Where deceased lived, it institution. Residence before 113c CITY OR TOWN 3d INSIDE CITY JALES? 13e STREET AND NUMBER 13b COUNTY Font. admission) STATE Md. S.S. YES IN NO 106 Franklin Ave. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Edward Scott Morgan Ida Rebecca Ewing 16b. SOC.AL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED EORCES? Yes, no, organicacyon) 577-10-6814 Mrs. Minnie Glorius, 1000 East-West Hy, T.P., burial, crematian, ar remayal, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATE 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave ) rise to immed ate cause (a), DUE TO, OR AS A CONSEQUENCE Medical stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) je 3 should be detached far use as the ed with the State Dept. af Health priar to 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO 🔀 YES 🖂 DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INSURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) Cleared FOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY JAT HOME FARM, STREET FACTORY ) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED Edy or Town County Stote While Not while of work TENDING 22a. I certify that (1) (this haspital) attended the deceased from 1969, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above. (1) (we) (gid) (did not) view the body after death. 226 SIGNATURI 22c. DATE SIGNED 20 BEGREE directar, page shauld be filed PHYS 22d. PHYSIC ANS 22e. ADDRESS TO FUNERAL Jones, Philip 230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCAT ON (City or Yown) (County) (Stote) REMOVAL (Specify) Mashiveton Cararensional Cemetery 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 Elicinetas Vac DATEAN 20 1131 Georgic live in

4 4 4 6 . . 8

!	MARYLAND STATE DEPARTMENT OF HEALTH
	Item16 FilmCh08 1/15/69 kk CERTIFICATE OF DEATH
	CENTIFICATE OF DEATH
of 2	1 DECEASED NAME First (20) 4 Middle Lost 20. DATE OF DEATH (Type or print) 20, HOUR
nours Her death  by the moral  s. Page and hours after death	Georgie Mae Batton XXX 77 C 7 12 - PM
春、143 T 重 /	S. DATE OF BIRTH  S. DATE OF BIRTH  AGE (In years   If UNDER   YEAR   F. UNDER 24 HRS  Female  White  A RACE  S. DATE OF BIRTH  A GE (In years   If UNDER   YEAR   F. UNDER 24 HRS  HOURS   MIN
\$ \frac{1}{2} \text{\$\frac{1}{2} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \$\frac{1	Rugust 20, 1909 0 59 "YRS.
d in by pers. P	76 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
min 24 ho milled in papers. h.n 72 h	Virginia U.S.A. WIDOWED DIVORCED M Montgomery
	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
Sarbon Carbon	Bethesda give the defress Insley St. during most of working life, even if retired) INDLSTRY Telephone op. C&F Tel. Co.
/ Z Z S E / V	130. DOWAL RESIDENCE (WHERE DECEASED IVED, IF DESIDENCE DESIDE 130 (114 OR 130 MS DE CITY LAISE STORET AND AUTOMOCD
campi	Ma. Montgomery 10305 Insley St.
be executed on the company of the co	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
d se	John F. Nash Bertha Myers
cate t	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)   (II yes give war or dates of service)   16b SOCIAL SECURITY NO 17 INFORMANT Address
the second secon	Yes, no or unknown) (If yes give wor or doles of service) 223-03-5953 Hazel Heaton, Same as 13e
ATTENDING PHYSICIAN: The law requires that the death certificate be execustained by the hospital ar attending physician. CTOR: After this certificate has been signed by the attending physician and carrestanted for use as the burial transit permit. Then please remayer, the State Dept. of Health priar to burial, crematian, ar remayal, and in any experience.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  APPROXIMATE INTERVA.  BETYLEN QUEIT AND DEATH
eath mit.	PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ABOUT MUNICIPAL WHEN WE WHEN THE DEATH OF THE DEATH
att att	DUE TO, OR AS A CONSEQUENCE OF
the the sit	Conditions, if ony which gove (b) Club Selly Will Welly Williams (b)
the day	storing the underlying couse DUE TO, OR AS A COOR QUENCE OF
res /sici	ast my will carrier with clivario
equires physici signed burial burial	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
IAN: The law re tal ar attending through the has been shor use as the thealth priar tal	NO.
S by	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY?  YES NO CAUSES OF DEATH?  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
THE PROPERTY	YES NO CAUSES OF DEATH?
Corte or Lea	210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
Definition of	If either, notify medical examiner) P.M. 19
HYS hos ache ache	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote
the det in a be	
Start Start	220. I certify that (I) (this hospital) attended the deceased from 19 (and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did) nal) view the bady after death
R: A	saw the deceased alive an
TA ST	22b. SIGNATURE 22c DAJE SIGNED / 22c DAJE SIGNED /
OR Directors of the red w	LYCLUM DEGREE ATTENDING DIRECTOR DIPETOR DIPET
AL O	22d PHYSICIANS DIRECTOR PHYS
PIT, mc	NAME (Type) ( ) N K LA K L LA K LA K LA K LA K LA K LA
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burial transhauld be filed with the State Dept. of Health priar to burial, creshauld be filed with the State Dept.	230 BUR AL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stole)
TO HOSPITAL OR ATTENDING Page 4 may be retained by it TO FUNERAL DIRECTOR: After director, page 3 should be director be filed with the State	Burral (Specify) 1/14/69 Oak Hill Cemetery Fredericksburg, Va.
	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 PREGISTRAP # S CHATHER
VR A15 (4) 45M 1 69	Joseph Gawler's Sons., 5130 Wis. Ave. N.W. Wash 15 1969 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 3 25b.



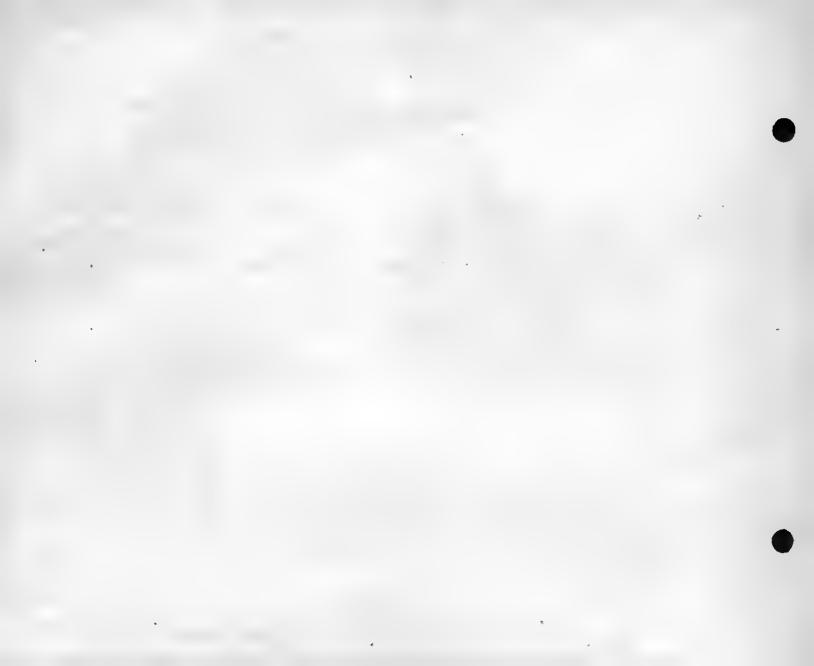
gama a com		MARYLAND STATE DEPARTMENT OF HEALTH
		0 9 9 5 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
·		CERTIFICATE OF DEATH
4 2 E		FEFASED NAME 3 First Middle Lost 20 DATE OF DEATH (25 HOUR
er death funeral and 2	(	(ype ar print) Walter &. Beagle 1 Manth 18 Day 69 Year 3:45 AM
fen e	3. S	X 4 RACE 5 DATE OF BIRTH 6 AGE (In years 15 UNDER 24 HRS.
告 电等语		1/26/1885 / B3 YRS. MONTHS DAYS HOURS MAN
200		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 79. COUNTY OF DEATH
in 24 hours of filled in by the papers. Page hin 72 hours		Virginia U.S. WIDOWED DIVORCED [ Montgomery Md.
in 24 filled pape thin 77	ID.	TITY OR TOWN OF JEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired)  120. KIND OF BUSINESS OR during most of working life, even if retired)  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired)  12 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)
withi withi		Dilver Spring Holy Cross CARPENTER
e executed with	13a adm	USUAL RESIDENCE (Where deceased lived/ if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIM IS? 13e STREET AND NUMBER 15sian) STATE LAGE A C 11th COUNTY 13c S A C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C
Jove Form	14	(Mash, VIC.) = -   DIT - CCAP ST.
9 7 6 7 5	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost  1 S S A C BEAGLE SUSAN
TENDING PHYSICIAN: The low requires that the death certificate bined by the hospital or ottending physician.  OR: After this certificate has been signed by the attending physician ould be detached for use as the buriol-transit permit. Then please the State Dept. of Health prior to burial, crematian, or removal, and it		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (8s, no, of Lightnown) (If yes give war or dollers of service) 2-28 18 0340 Mrs. alice y Bravle, 339 Cedar & NW
ph)	⊨	APPROXIMATE INTERVA.
ne death cer attending p permit. The		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY
Jeo mit or		IMMEDIATE CAUSE (0) Cerebral rumovina ge 12 hrs.
aff per ian		DUE TO, OR AS A CONSEQUENCE OF
the the national		Canditions, if any, which gave nose ta immediate cause (a). (b) Congrative heart facility
trant by		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
res /sici	1	lost, (c)
phy sign bur	ŀ	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ing ing ing r to	i s	Broncho preumona. 1 wt.
lend s be os 1 orion	CERTIFICATION	90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
동 등 등 등 전 X	E E	AF2   NO
AN: Il or cote or u		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
Pitch Pitch of fate	MEDICAL	(If either, notify medical examiner) P.M. 19
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifice Page 4 may be retained by the hospital or ottending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the buriof-transit permit. Then played the filed with the State Dept. of Health prior to buriol, crematian, or removal,	₹	2 Id. INJURY OCCURRED While Not while 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 215. COCATION Street of R.F.D. No City or Town County State
5 ± ± 9 = 5		at wark at wark 22a. I certify that (1)/(this haspital) attended the deceased from for 19, 1967, to for 17, 1967, that (1)/(we) last
Aff by Strain		saw the deceased give an 1432 / 7 1969, and that in (my) (aur) apiniph death accurred an the date and hour and from the
the Sales		causes stated abave (1) (we) (did X d.d not) view the bady after death.
A S D S S		226 SIGNATURE ATTENDING MED. STAFF 22c DATE SIGNED
OR DIRE e 3 ed w		DEPUTED OF DEGREE PHYS DIRECTOR PHYS I THEN 19, 1967
TO HOSPITAL OR ATTENDING PH Poge 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 should be detac should be filed with the State Dep		MAME (Type) JAMES RCOLEMAN MD 220 ADDRESS 9241 COLUMBIA BLOD USILVER STRING MARKERING
NER tor,	<u>_</u>	The contract of the second of
HO Pour FUI	23α	BLR AT CREMATION 23b DATE 23c NAME OF CREMETERY OR CREMATORY 23d LOCATION (City of Town) (County), (State)
5- 5- 8	0.1	FINERAL DIRECTOR / S SELF CLASSIFICATION OF THE CONTROL OF THE STATE O
VR A15 (4) 30M REV. 1/68	19	FUNERAL DIRECTOR 254 Clarico Apores 21. LV 2501 PM BORROSTRING 59 256, CEULSUPARACIONALISE STATE



* ~1		0099.	DIVISION OF VIT	AL RECORDS, 3					YLAND 2120	) O (	999	<u> </u>
1.	CERTIFICATE OF DEAT					EATH						
<del>-</del> = -2€		CEASED-NAME First		Middle		Last		. DATE OF				2b. HOUR
er death. Tuneral Tond 2	i .	ype or print) WILLIA	M	$\mathbf{L}_{ullet}$	MAN	XX BEA	LL 3	Jan.	4,4969	Day	Year	3:28M
after Me fu ges: 1		Male	4. RACE Whi.	te		Sept.	13,1881	L	6 AGE (in years last bighday)	YRS.		F UNDER 24 HRS. HOURS MIN
24 hours ed in try 72 haurs	coup	aryland	7b. CIT.ZEN OF WHAT C USA		WIDOWED		U	OUNTY OF MO	ntgomer	У		Md.
within 24 filled ban pape within 7	T	ity or town of death akoma Park	lyferw	of Hospital or Inst Ageon Sai	nitari	um	dwing most of	CUPATION : working I	(Kind of work o ife, even if retir	lane 12b ed ) IND.	KIND OF BU	ISINESS OR
be executed within and completely fille e remove carban por in any event, within	13a admi	USUAL RESIDENCE (Where decease ssion) Maryland	I Montesome	Residence befare	13c CITY OR Rockvi		INSIDE CITY LIMITS?		EET AND NUMBE Luckett	R		
be exe	1	ATHER'S NAME First Villiam V. Beal		Last		Mary P	urdum		Midd	lle		Last
hysiciar pleas	16a Y	WAS DECEASED EVER IN U.S. ARM es, no. of unknown) (11 yes give wi	ED FORCES? 16b.	SOCIAL SECURITY NO 8-42-172	9 Mi	FORMANT llard B	eall		Addre	9\$\$		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifiage be executed within 24 h Page 4 may be retained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 has a shauld be filed with the State Dept.		Canditions, if any, which gave	y one couse per line for BY: TE CAUSE (a) DUE TO, OR AS A	yaren	iò 5	class	tic He	CAR	Diver	e o	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRICTOR: After this certificate has been signed by the director, page 3 shauld be detached far use as the burial-transit shauld be filed with the State Dept. af Health priar ta burial, cremating the control of the c	22	rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A		T RELATED TO	THE TERMINAL D	ISEASE OR CONDI	TION GIVEN	IN PART I(o)			
The law attendi has ber the riar th priar	CERTIFICATION		CONDITION FOR WHICH O	PERATION WAS PERI		20a. AUTOPS1	но 🖒	CAUSES	YES, WERE FINDI OF DEATH?			TIFYING
ICIAN: pital or rrificate rd far u	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Mo	onth Day Year 19			RED (Enter natu	ire of injur	y in Part E ar Pa	ort 2, Item 18	}	
<b>G PHYS</b> the has this ce detache		at work at work	PLACE OF INJURY (AT H			,		,	or Town	(อษา	,	State
TTENDING ained by TOR: After havid be the State		22a. I certify that (I) (thi saw the deceased al causes stated abave	s haspital) attende ive-an (I) (we) (did) (did	not) view the b	d from Z < and and after d	that in (my) eath.	, 192 <u></u> S (our) apinian	death o	ccurred on th	, 19 <u>89</u> ne date and	, that ( I hour ar	l) (we) last nd from the
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		22b. SIGNATURE  TO 2. J. T.  22d. PHYSICIAN S	Boo	-/- /	11) DEGRE			OR 🗆	STAFF PHYS.	22c. DATE BIO	16	9
IOSPITJ Be 4 mg UNERAI Betor, p	23g	NAME (Type) Josep BURIAL, (REMATION, 23b. E		MD.	EMETERY OR 1		pring		Silver			(State)
TO H Pag TO File dire	Βı	FUNERAL DIRECTOR	8/1969	Rockvil	le Ce	metery		ockvi	lle	Montg	. 1	id2
OM REV. IVER		son Wheeler F	ugeral Ho	me Rocky	ille,		AN 7	196		corles	Ymag	Ka .

۰ .

chard Jasper	FICATE OF DEATH	DATE OF DEATH	30595
Middle	Lost , 20		I at though
chard Jasper			Lat House
chard Jasper	70 /		2b. HOUR
	Beasley	Jan. 20	1469 2 9.M
4 RACE White	5. DATE OF BIRTH 2-4-83	6 AGE (In years III	F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
7b. CITIZEN OF WHAT COUNTRY? 8 MARY	CO I INCHER MARKATOTI I	NTY OF DEATH	
Amer. WIDON	WED 🔀 DIVORCED 🗌 🗸	Montgomery Con	enty Mo
give street address) Washing Ton San	during most of a	IPATION (Kind of work dane vorking life, even if retired)	126 KIND OF BUSINESS OR IND. STRY Cabin et make
ed lived, finstitution: Residence before 13c. CIT	Y OR FOWN 13d INSIDE CITY , M. TS?	13e STREET AND NUMBER	
Middle Los†		Middle	Last
am Beasley			nown
and the state of t		Silvar, Sp	ring, Md.
<u>  579-44-3493</u>	Mrs Carl Zager, 2	2818 Henderson	
NRY (	C L.	•	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
TE (AUSE (a) O Vain Deg	) ep Ficun	-6(	2 day
	TRAITE THE	EFCTUT	14 100
(0)	TRACTE IN	1 EC 1 10 D	10 20141
(c) avinaby		nce	3 works
DITIONS CONTRIBUTING TO DEATH BUT NOT REJATE	D TO THE TERMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)	1 1
advier oschero	sce decrease	& Kidney	tunction
CONDITION FOR WHICH OPERATION WAS PERFORMED		206   IF YES, WERE FINDINGS CONS   CAUSES OF DEATH?	DERED IN CERTIFYING
G (21b TIME OF INJURY 21		of source in Part 1 or Part 2 Jan	n 101
HOUK A.M Manth Day Year		or riquely of Full 1 of Full 2, 1881	10.7
	f. LOCATION Street or R.F.D. No.	City ar Town	County State
			4
hospital) ottended the deceased from	and that in (my)(aux) annual	ta /- 20 , 19 0	Z, thot(1) (we) last
(()) (we) (dia) (did nat) view the bady of	ter death.	earn occurred on the dote	ond nour ond from the
J End in	ATTENDING - MED		E SIGNED
of Fork MUI	DEGREE PHYS D RECTOR	PHYS D /-	20-69
IN L. FORD M	D. 22e. ADDRESS & 31 C	IN SPRING	mD 20403
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7.65
ATE 23c NAME OF CEMETERY	OR CREMATORY 1 23d	LOCATION (City or Town)	(state) (state)
230 NAME OF CEMETERY 230 Pine G		Mt. Airy	County) (State)
	7b. CITIZEN OF WHAT COUNTRY?  A M CV.  III NAME OF HOSPITAL OR INST TUTION give street address)  WASA 1970 n Sam  ed lived, f nstitution. Residence before 13c. CIT 13b COUNTY  Middle  Lost  Beasley  ED FORCES?  or or dates of service)  FOR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT NOT RELATE  AND CLOSE OF CONDITION WAS PERFORMED  DITIONS CONTRIBUTING TO DEATH BUT NOT RELATE  ONDITION FOR WHICH OPERATION WAS PERFORMED  S TO SERVICE OF CONDITION OF THE CONDITION, ETC.  S TO SERVICE OF CONDITION OF THE CONDITION, ETC.  TO SERVICE OF CONDITION OF THE CONDITION, ETC.  TO SERVICE OF CONDITION OF THE CONDITION OF THE CONDITION, ETC.  TO SERVICE OF CONDITION OF THE CONDITION OF	The Citizen of What Country?   8   Married   Never Married   9   COU   A   C   Widowed   Divorced   120   Usual Occuping most of widows   11   NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)   Washington   San. + Kosp.   during most of wing most of wi	The Citizen of What Country?  A mer.  Widowed Divorced Divorced Mont gomery Country of Death  Mont gomery Country  Bed lived, 1 astruction Residence before 13c. CITY OR TOWN  13b COUNTY  Middle Lost  Is. Mother's Maiden Name First  Middle Lost  Middle Lost  Middle Lost  Is. Mother's Maiden Name First  Middle Lost  Middle Lost  Middle Lost  Middle Lost  Is. Mother's Maiden Name First  Middle Lost  Mrs Garl Zager, 2818 Henderson  Or develor as arouse per line for (o), (b), and (c)  Bed Scientify No.  To No as a Consequence of the Country of Co



	MARTLAND STATE DEPARTMENT OF HEALTH	
1	0100 a DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
•	CERTIFICATE OF DEATH	
. 2	TOTACCO MONEY	
death.	Type or point)	- James
de de	Trene BELLE Designio 1 15 19 69 13.	SM
funeral one	EX 4 RACE S DATE OF BIRTH 6 AGE (In years F-NDER 1 YEAR IF LINDER 24 last buthday) MONTHS DAYS HOURS	<u> </u>
ins after the formal was offer	F White 5-5-95 last bighday) YRS MONTHS DAYS HOURS	MIRE
or o		
executed within 24 hours after death to completely filled in by the funeral emove carban papers. Page of oad any event, within 72 hours after death	nity) M. MARKIED & MEYER MARKIED	
in 24 ho filled in 1 papers. h.n 72 ho	MICH Homes.   WIDOWED   O VORCED   Montogomes.	Mď
hin 24 filled i pape th.n 72	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION-Kind of work done 12h KIND OF RUSINESS OR	
<b>电子</b>	always Pack give street address) Unitarias during most of working ife, even if refred) INDUSTRY	
e executed withing ord completely for remove carban an any event, with	USUAL RESIDENCE (Where deceased lived if institution Residence before 13: CITY OR TOWN 134 INSIDE CITY LIMITS 130 STORET AND MARKED	
npl ver	ission) STATE M.d. 136 COUNTY Somery Silver Spring YES NO 3452 Cheswick Cost	
rect cor	110. I Hostogomery Silver Spring 3752 Cheswick Cost.	
2 5 5	FATHER'S NAME First Middle Jost 1 15. MOTHER'S MAIDEN NAME First	
2 2 2 2	Spencel Hapinwall Holianil Haglin	
date by and in	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT	
300	Yes, no, or Linknawn) (II yes give war or doles of service)	
certify j phy hen nava	IR CAUSE OF DEATH (Enter only one course per line for (a) (b) and (c))	_
te death ce attending i permit Th	BETWEEN ONSET AND DEATH	
ne deat attend permit ion, or i	PART I, DEATH WAS EALSED BY METASTALLE CANCENSPIRA. WKS.	
e ditte	DUE TO, OR AS A CONSEQUENCE OF	
the the notice	(andit ans, if any, which gave)	
y the	rise to immediate (ause (a), stating the underlying cause)  DUE TO, OR AS A CONSEQUENCE OF	
1.3.4.5	stating the underlying cause lost.	
equires that 16 physician. signed by the burial-transit burial, cremot		
requires that the death certificate be executed within 24 hours g physician.  In signed by the attending physician and completely filled in by the burial-transit permit. Then please remove carban papers. Pag a burial, cremation, or removal, and in any event, within 72 hours.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ng en ta		
The law requires the attemeting physician, has been signed by se as the burial-traise in priar to burial, cre	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	_
he and the control of	YES NO CAUSES OF DEATH?	
IAN: The law re- id or attemeng in freate has been storn use as the kind the offer the feelth prior to be the feelth prior to be the kind		
AN STORY STO	216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  216 TIME OF INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
<b>5</b> 4 4 9 5	(If either, notify medical examiner) P.M. 19	
■YSICIAN: e haspital or his certificate stoched for u Dept. of Hea	2 d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State	
Pe et più	While Nat while at work	
OR ATTENMING MYSICIAL be retained by the haspital mECTOR: After this certifica le 3 should be detached fo ed with the State Dept. of H		la ak
# # # # # # # # # # # # # # # # # # #	220. I certify that (I) (this hospital) attended the deceased from	1021
TEN SE	couses stated above, (i) (we) (did) (did not) wew the body after death.	me
A E B S E	226 SIGNATURES, 17/1 1 12 TILLARIA AVENUE A LATER DATE SIGNED /	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	DEGREE PHYS DIRECTOR	
	22d PHYSICIANS 22e. ADDRESS 22e. ADDRESS 21 G11 UEV	
SPITAL 4 mmy INRAL for, pag Id be fill	NAME OF OFFITH GROUNDAIN WALL THE AUGUST SPRING STREET	
A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Marie Ma	_
TO BOSPITAL OR ATTENBING BEYSICE Page 4 mmy be retained by the haspit O IUMINAL BECTOR: After this certif director, page 3 should be detoched should be filed with the State Dept. of	BUR AL DEMATION, 7 23b DATE 23c NAME OF CEMEJERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote)	
TO BOSPITAL OR ATTENBING BEYSICIAN: I Puge 4 mmy be retained by the haspital or TO BUTLETOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. of Health	18 20 12 Jan. 1969 Fort Kingely Cispeters Coloni Kanar 12 Ste. Mis	
VR AIRON	PUNERAL DIRECTOR TO STATE ADDRESS A 250 RECID BY REGISTRAR 250 REGISTRAR 5 SIGNATURE	_
45M - 759	Children latter January Jon DAINAN 17 1969 Charles Indee	

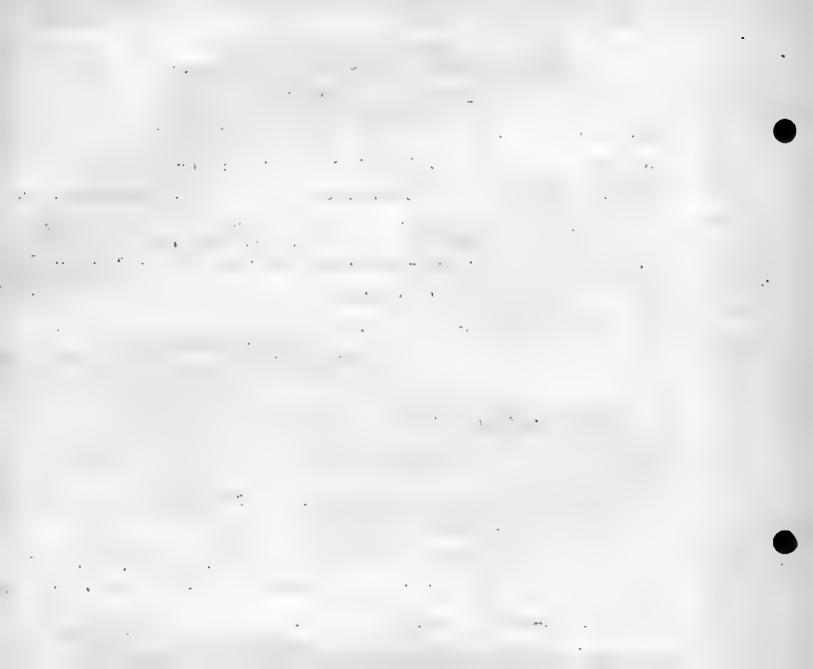
ANADVIAND STATE DEDADTARENT AS



			MARYLAND STATE DEPARTMENT OF HEALTH
and the second		i	100 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30997
G.	1	]+	rsiratoru e.Fain.31 09 1/20/49 km CERTIFICATE OF DEATH
£ / ~		1 DE	TEASED NAME First Middle last , 2a. DATE OF DEATH 2b. HOUR
leot era	death	2 (I)	pe or print) Emma FRANCES Bennett Month Day Year 546AN
er er	200	3. SE)	4 RACE S DATE OF BIRTH 6 AGE (In years I FUNCER I YEAR I IF JUDGE 24 HIS.
ours ofter deoth	1		6 17 85 lost birthday) YRS MONTH'S DAY'S HOUR'S MINI
yd r	户个	7о. В <b>ц</b> овп	RTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED WEVER MARRIED 9 COUNTY OF DEATH
24 in the little of the little	7 3	4	MA NOWED NIDOMED NIDOWED WOOD WOOD WITH
equires that the death certificate be executed within 24 hours after death physician. signed by the ottending physician and completely filled in by the funeral buriol-transit permit. Then please remove corban addess? Pages, 1 and 2	Within		TY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, every fretired)  22 USUAL OCCUPATION (Kind & work dame during most of working life, every fretired)  120 USUAL OCCUPATION (Kind & work dame during most of working life, every fretired)  120 USUAL OCCUPATION (Kind & work dame during most of working life, every fretired)
ed v	ent,	130 1	ISUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CPTX OR JOHN) + 130 UNSIDECTY LIMITS? 1136 STREET AND NUMBER 61 3-13+ 5+
executed on complete contracts	6	admi	
on de grand	in ony	.14 F.	HERS NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle Host Hort
ate ician leos	or removal, and		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address
Affic shys	D S		TID AUKDOWN MALTING HOWS BECOMFO
2 P	ome 2		18. CAUSE OF DEATH (Enter only one cause per line far (a) (b), and (c))  APPROXIMATE INTERVAL BETWEEN DISCT AND DEATH
eath endii	2 PL		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) VYRM 12
ne d ottr	cremotion,		DUE TO, OR AS A CONSEQUENCE OF
the the	not M		Conditions, it only, which gove 10, Arterio sulto 110 Carlin Uasoular Renal Parale 10/145
t of in the	3		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ires ysid ned	burral,		los <sup>1</sup> (c)
require by signer of the signe	o bu	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
law pee	prior to	ATIOR	19g. Date of Operation   19b. Condition for which operation was performed   20o Autopsy?   20b If yes, were findings considered in certifying
IAN: The law rool of or ottending ficote hos been for use as the	£.	CERTIFICATION	YES NO CAUSES OF DEATH?
or are	Health !		216 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 216, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)    DOR CONTINUOUS CONTINUOU
Pite Pite Page	2 2	2) G	If either, notify medical examiner) P.M 19
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital or ottending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician after the detached for use as the buriol-transit permit. Then pleas	with the State Dept	₩.	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While of work of work
by #	tate /	l	22a. I certify that (1) (this hospital) attended the deceased fram
ATTEND estained to CTOR: Af	thes		22a. I certify that (I) (this hospital) attended the deceased fram
OR AT DE PETO	# 5		226 SIGNATURE 2
OR. be	Pe B		DEGREE PHYS LI DIRECTOR LI PHYS LI ////69
PITAL moy ERAL	d be		122d PHYSICIAN'S NAME (Type) P. CORVEL MD 220 ADDRESS Legation ST NW DU 20015
FO HOSPITAL Page 4 moy FO FUNERAL I	Charle filed	23a	BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5. 5	10	24	INERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE
30/4	A/15 (4) REV 1/68	2	cether litel ters aleskowody we zonem JAN 14 1969 prionles Jugges
	- Lander		



MAKTLAND STATE DEPAKTMENT OF HEALTH



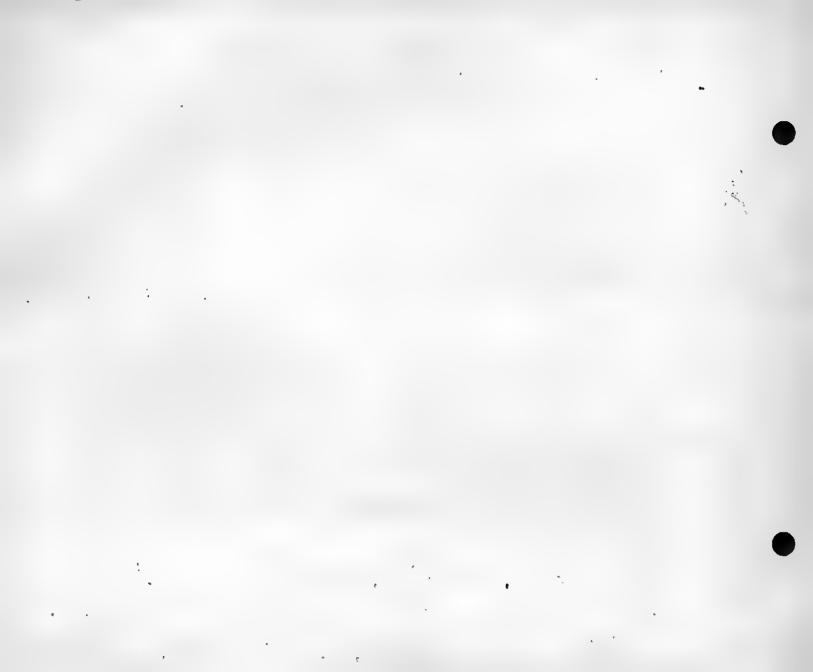
,	1	A		ND STATE DEPARTMENT OF		
anglan of		81004	DIAISION OF ALLYE KECOKDS	, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	IIMURE, MARYLAND 21201	3999
	I D	ECEASED-NAME First	Middle	Lost	2g. DATE OF DEATH	2b. HOUR
haurs after death.  by the funeral  s. Pages I and 2 hours after death.	(	(ype or print) ISA	BEL JANE BENTON		Month Day	Yeor 9.40p M
ter frer frer	3. 5	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 MRS.
rs af	L	Female	White	11-3-05	lost birthday) 63 YRS.	MONTHS DAYS HOURS MIN
hour to	7o.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED 🔀 NEVER MARRIED	9. COUNTY OF DEATH	
4 200 5	10	"" Oregon	USA	WIBOWED DIVORCED NSTITUTION (If not in hospital 120. USI	Montgome	
within and within son, within		Takoma Parl	k give street oddress) Ws1	n. San. & Hos.	UAL OCCUPATION (Kind of work dane nost at working life, executived)	126 KIND OF BUSINESS OR INDUSTRY WSH
	130 adm	USUAL RES DENCE (Where deceos ission) STATE Md.	ed ived if institution: Residence before 139. COUNTY P.G.		umis? 13e. STREET AND NUMBER 10 □ 6500 Knollbr	
e execut and com remave n any ev	14	FATHER S NAME First	Middle Lost	IS. MOTHER S MAIDEN NAME	First Middle	Lost
ate be e cician and lease related and in a	L		C. Young	Mary		
Lner/ese errificate by physician and please aval, and it	160. Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w	AED FORCES? 16b. SOCIAL SECURITY or or dates of service)		Address	
certif certif hen hen	H		ly one couse per life for (a), (b), and (a		nton - Husband	APPROX MATE INTERVAL
Medical Examiner/easuires that the death certificate be hysician.  gned by the attending physician arrival-transit permit. Then please mindly cremation, arremayal, and in		PART 1. DEATH WAS CAUSED	BY Van Truck	la belullation	~	BETWEEN ONSET AND DEATH
Exal he death attendii permit. ian, ar re		582 V	DUE TO, ORIAS A CONSEQUENCE O		. 1 -	
a.1. the the sit p	ı	Conditions, if any, which gave ) rise to immediate couse (o),	(b) Hyperten	ow Heart Just	we - hur She	· 668
dical s that t cian. d by the l-transit , cremai		stoting the underlying couse	DUE TO, OR A CONSEQUENCE O	00.000000	I made to	10.0
Medical quires that th bhysician. igned by the urial-transit g		lost.	(c) Money	where general	complice	we ch
h h h requ n sign		PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE MINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
with The law re attending thas been se as the h priar ta	ATION N	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
od with The low ratending e has been use as the alth prarta	CERTIFICATION			YES NOV	CAUSES OF DEATH?	
HYSICIAN: TI haspital or o s certificate hached far use spt. af Health		21 o. ACCIDENT WAS UNDERLYING CAUSE OF GEAT		21c. HOW INJURY OCCURRED (Ent	er noture of injury in Part 1 or Port 2, I	tem 18 }
Clear HYSICIAN haspital s certifica sched fa	MEDICAL	(If either, natify medical examin	ner) P.M.	19		
e transfer	*	21d INJURY OCCURRED 21e. White Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET F OFFICE BUILDING, ETC.	ACTORY ) 21f. LOCATION Street or R F.D. No	o. City or Town	County State
ATTENDING stained by th CTOR: After t shauld be de		22a. I certify that (I) (thi	s haspital) attended the deceo	sed from , 19-	200, to 1/3/ 198	27, that (1) (1) last
ned ned NR: A nulld the		couses stated abave	irve an 1/16	125 9, and that in (my) ( op	pinion death occurred on the da	te and hour and from the
OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the		22b SIGNATURE	1 0 -		MED STAFF 22C I	DATE SIGNED
OR be re DIRE ge 3 ge 3 ed w		nent	(Abrown)	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	31/69
May RAL RAL be fine		22d. PHYSICIAN'S NAME (Type) FSRAF	ST A. SARAO	22e. ADDRESS	v Hampsohn auc	TEL OF MA
TO HOSPITAL OR ATTENDING Page 4 may be retained by the FUNERAL DIRECTOR: After director, page 3 shauld be of shauld be filed with the State	23 a	BURIAL, CREMATION, 23b. (		F CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(County) (State)
Pag O File dire		REMOVAL (Specify)	W. 4.1969 (Var	Klawn Cumilizer	Pockelle	MA
VR A15 DK	24	UMERAY DIRECTOR	ADDRES ADDRES	S CLEEN DC 250 PED	BY REGISTRAR CO 25b REGISTRARS	SIGNATURE
45M - 1 1830		Month of the	25/ barre	DATE PET	2 1900 F	9



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH
	(Type or Print) 0F ESTI 1 24 .69
\$ m & t	Shay Berman DEATH MATED 1 24 193 M  3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years 1 DAJERT VEAR 16 JMDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR
del A3.	Male Cauc 11/9/07 61 YRS MONTHS DATS HOURS M.H. Month Day Year 1969 6:46 M
- E 2, a a .	70 BIRTHPLACE (State or foreign 76 CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7. COUNTY OF DEATH
	Country N.Y. N.Y. USA WIDOWED DIVORCED Montgomery
11 00 1	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
ofter death 3. Give Pages dlang with far with the State	Silver Spring   give street oddress) Cyoss Hosp.   during most of working life, even if retired.)   INDUSTRY   Hair Stylist
* \= X •	30 USUAL RESIDENCE (Where deceased lived, if institution Residence before 3c CITY OR TOWN 13d IMSIDE CITY UM/157 1
	Montgomery Sil-Spg- 10 IX 10   11491 Columbia Pike
	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost  PESOCIAL Berman HAWNAIT
hin 24 ncil in niner's poges hours	PESACH Berman HANNAH  160 WAS DECEASED EVER IN L. S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17 INFORMANT WIFE ADDRESS
ithir enci omin p po 2 ho	(Yes, no, or unknown) (fixes give wor as dones of service) Paula Berman 11491 Col. Pike S.S.
d with pe Exor	APPROXIMATE INTERVAL
be executed "pending" in the Medical E. onsit permit. Fevent within	PART I. DEATH WAS CAUSED BY IMPOST AND GEATH OPEN WAS CAUSED BY IMPOST AND GEATH OPEN OF THE OPEN OF T
exe andii Mei t pe	DUE TO, OR AS A CONSEQUENCE OF A 1/
be hief onsi	rise to immediate cause (a). (b) Cronary Willery Heart Wisduze
should be executed with the word "pending" in periot the Chief Medical Exonoring permit. File in ony event within 72	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
s sho he w to th buri d in	last.   (c)
NER: This certificate should be executed within 24 e certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Exominer's files.  3 should be used as a burial-transit permit. File pages ladion, or removal, and in any event within 72 hours in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
vritii varitii varitii varitii varitii ovol	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY?
his certir ote, writ e forwai be used	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES \( \sum \) NO  21a EXTERNAL CAUSE WAS  21b TIME OF INJURY Month, Day, Year  21c HOW INJURY OCCURRED (Enter nature of injury in Part   or Port 2, Hern 18.)
AL EXAMINER: This execute the certificate, ir. Page 4 should be for your files.  FOR: Page 3 should be unial, cremation, or rer	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  HOUR A.M.
INER: T e certifice should b files. 3 should orion, or	E CAUSE OF DEATH P.M. 19
	workswith works factory, office building, etc.)
EXA ecute Page or you R: Pag	AT WORK AT WORK
DICAL EXAMINER: ose execute the certretor. Page 4 should ained for your files. IRECTOR: Poge 3 should to burial, cremation,	220. I certify that I taok charge of the remains described above, held an Autopsy, Inspectran Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner
pleose e. director retained. DIRECTOR to bu	
Prori	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE SIGNED
EPUTY SSSGTY, p funeral oy be ra INERAL	SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D
necessary, please execute the funeral director. Page 4 5 moy be retained for your for FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type) DELDEN K, KEAP, M.D. ADORSSHORES, CITED OF COUNTY) VHY, XY, 1167
5 5 4 2 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4	230 QUAL DREMATION, REMOVA. (Specty) 230 DATE 230 NAME OF CEMPTERY OR CREMATORY 23d .OCAT ON (City or Town) (County) (Store) AND 26, 1969 KING-DISVID MENT. GARDEN FALLS CHIRCH VA
	24 FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 256 REG STRARS SIGNATURE
VR A15ME (5) 10M REV 1/68	BERNARD DANZANSKY +SONS 3501-1456 St / W WASH, D.C DATEJAN 29 1969 Schooles Judge



, · · ·	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	f DECEASED NAME First Middle Lost , 20 DATE KNOWN Month Doy Year 2b HOUR
is ge of	(Type or Print) ALzyde. Cunha. Bitten Court DEATH MATED & Jan 18 1969 105 PM
Pag 34	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (IN YOURS 1 F UNDER 1 YEAR IF JNOER 24 HPS 25 DATE PRONOUNCED DEAD 24 HOUR
del me	To the O. 19 1967 lest birthday) MONTHS DAYS HOURS MIN. Month Doy Year of 1151
any delay is 2, and 3 to PM3 Page Epartment of	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
hours after death ny delay lem 18. Give Pages 1, 2, and 3 Office along with form PM3 Payond 2 with the State Départment ofter death.	countral O
for for	
Pag Pag ith Sto	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY
executed within 24 hours after death ending" in penc I in Item 18. Give Pags Medicol Examiters Office along with the State permit File pages Yand 2 with the State within 72 hours after death.	1selliesus Supulien
ffer on the later	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LM IS? 13e. STREET AND NUMBER
2 × al	odmiss on) STATRIOBIZZI) 136 COUNTY Niterol Niterol- YES NO 1 377 More 152 - Cesar-
hours Item Office ond 2	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
4 = 0	ROWL Deforie Cunha Amelia.
thin 24 and 1 in 24 poges broads	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Son in Low ADDRESS Rockutlle Mcl
penc L	(Yes, no, or unknown) (If yes give war or dates of service) Plinio - Villela- 12111 Lauderclale Drive
d within in penci i	IDRIGOV DATE WITH AN
thing #	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
be executed pending" if Medical insit permit within ivent within	PART I. DEATH WAS CAUSE BY COSTON 214 Insufficency Acute 15 mm.
end w	TI of 4 DUE TO, OR AS A CONSEQUENCE OF
hiel hiel	Conditions, if any, which gove need to immediate course (a), (b) Cardio Vascular Disease 49015
ord ord e C e C	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
should be e ne word "per to the Chief i burrol-fransit d in ony ever	iost (c)
INER: This certificate should be executed e certificate, writing the word "pending" in should be forwarded to the Chief Medical E files 3 should be used as a burial-transit permit Fiotion, or removal, and in any event within	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
fico ing dec as (, a	
certificantilli, writti	190 DATE OF OPERATION  195 COND T ON FOR WHICH OPERATION  WAS PERFORMED?  20 AUTOPSY?  YES NO NO  210 EXTERNAL CAUSE WAS  210 TIME OF INJURY Month, Doy Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, from 18.)
for for seminary	WAS PERFORMED?
MINER: This the certificate, 4 should be four files a 3 should be to smortion, or ren	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
INER e cer shou files 3 sho	PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH P M 19  2 Id INJURY OCCURRED 218 PLACE OF INJURY (At home, form, street 21f LOCATION Street or R F D No City or Town County Stote
	WHITE NOT WHITE foctory, office building, etc.)
L EXAMINER: ecute the cert Poge 4 shoul or your files R:Poge 3 shoul iol, cremotron	AT WORK AT WORK
TY DICAL E  7, please executed director. Por peretoned for the control of the con	22a. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection 💢, Inquiry 🔯, and in my apinion
Se exector. Pertor. Pe	death resulted fram. Natural causes 💢 Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲
please il director retoine t DIREC	CHIEF MEDICAL EXAMINER
In the second se	ACTUAL SIGNATURE
ory ory be ERA	7936 Old Georgetown Address R. 1969
o DEPUTY SICA necessory, please exthe funeral director. 5 may be retoined to FUNERAL DIRECTO Health prior to bur	NAME (Type) John G. Ball Bethesda, Marylandress(Street, city, town, or county)
necessory, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to buriol, cren	230 BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	Burial 1/21/69 Gate of Heaven Cemetery Silver Spring, Md.
VR A15ME (5)	Tyson Wheeler Funeral Home 1331 Rockville Pike
10M REV 1/68	Rockville, Md. DATE JAN 21 1969



 - , , ,		MARYLAND STATE DEPARTMENT OF HEA	LTH	
 - t		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMO		
		CERTIFICATE OF DEATH	3, 7,	842
4 -24	1. 0		DATE OF DEATH	2b HOUR
ofter death. the funeral gas 1 and 2 fafter death.	'	(Type or print) Carroll D Blakey	Manth Day	Year 10 AM
fun fun ter	3, 5	SEX 4 RACE S DATE OF BIRTH	6 AGE (In yeors FUND	ER 1 YEAR OF UNDER 24 HRS
the gas		m W 3-27-3	lost birthdoy) MONTH	DAYS HOURS M.N.
24 hours after death ed in by the funeral ppers. Pages 1 and 2	70.	BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARKED (1) NEVER MARRIED 9. CO	DUNTY OF DEATH	
d in Pers.	COU	unity) widowed Divorced W	LOWIGOMERY	CO. Md.
scuted within 24 h gampletely filled in ave carban paper y event, within 724	-	CITY OR TOWN OF DEATH 11 NAME OF MOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OC	CUPATION (Kind of work done 12b	KIND OF BUSINESS OR
ely ban	1	THER SPRING THOLY CROSS NOCH.	. unemaleud	Painting
guted with	13a. adm	S. USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c. CITY OR TOWN 13d INSIDE CTY LIMITS? MISSION) STATE 13b. COUNTY MONTH STATE NO TEST NO	13e STREET AND NUMBER	. 0.1
S of S	L		8701 BRADfor	d. KC.
and and in an an	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MATDEN NAME First	Middle	Lost
		Jose W. Blakey Elsie	Mac	
e death certificate.t attending physician sermit. Then please an, ar removal, and		O WAS DECEASED EVER IN J.S. ARMED FORCES? Yes, no, or unknown) (19 yes give war or dotes of sance)  16b. SOCIAL SECURITY NO 1/2 INFORMANT	Rey Toy McNeil	11 Hospester
phy nen novo	-	Charge & 1squ	reed 1 104 111-WEEC "	APPROXIMATE INTERNAL
rem Tem		18 CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c)) PART I. DEATH WAS CAUSED BY.	-	BETWEEN ONSET AND DEATH
dea tene mit ar		IMMEDIATE CAUSE (0)		46 My
he at per		Conditions, If only, which gove)  DUE TO, OR AS A CONSEQUENCE QF		
net 1		rise to immediate couse (a), ( (b)	7991	
s the cian t		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	2111017	
equires that the physician. signed by the burial-transit p burial, crematic		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE OR CONDI	ITION GIVEN IN PART 1(a)	
req ng p n si no by				
e law re tending 15 been as the l priar to l	A DE	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY2	206 IF YES, WERE FINDINGS CONSIDE	RED IN CERTIFYING
The atter atter has se as	CERTIFICATION	1/1/69 Bleeding Osofh. Varice MES I NOTE	CAUSES OF DEATH?	
ar a			ure of injury in Port 1 or Part 2, Item 1	8.)
affin	MED CAL	(It either, notify medical examiner)   P.M. 19		
C PHYSICIAN: The law requires that the death certificate be executed within the haspital ar attending physician.  This certificate has been signed by the attending physician and simpletely filled detached far use as the burial-transit permit. Then please remaye carban participate for use as the burial-transit permit. Then please remaye carban participate is Dept. at Health priar to burial, crematian, ar removal, and in any event, within	2		City or Town Cau	nty State
the this detection of the property of the prop		of work of work	A	
Stat		220. I certify that (i) (this hospital) attended the deceased from and that in (my) (our) opinion	, to 20 yrn , 19 60	that (I) (we) last
Red the state of t		couses stoted obove, (I) (we) (did (did not) view the body after deoth.	i dealli occowed on the date an	id nour ond from the
OR ATTENDING be retained by th JIRECTOR: After the 3 should be de		22b SIGNATURE ATTENDING MED.	STAGE 22c DATE S	GNED
ON DIRE		DIRECT OF THE DESCRIPTION OF THE DIRECT	TOR PHYS. DO	m 69
		22d. PHYSICIANS 22e ADDRESS	1 0 1	
AL Day		NAME (Type)		The AUTHOR
SPITA 4 may NERAL tor, pc	L	NAME (Type) 82/8 Off U	remin any	3cth M
HOSPITA age 4 may FUNERAL lirector, po	230.	o. BURIA. CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23	d LOCATION (City or Town) (Con	3ctk M
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and simpletely filled is director, page 3 should be detached far use as the burial-transit permit. Then please vertice carban paper shauld be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72	230.	NAME (Type)  82/8 OF CA  BURIA, CREMATION. 23b. DATE  REMONAL (Special)  9an. 22. 1969 For Research Climitity  (Company)	d LOCATION (City or Town) (Colored / Warner / S	Seth M Grote) Grote) MCC

\_\_\_\_



0.	MINISTON OF WIAL DECORDS ON W DESCRIPTION STREET CALIFORNIA AND ALGO	
	O1000 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
4 _24	EASED-NAME First Middle Lost 20. DATE OF DEATH 25	HOUR
r death. uneral I and 2 er death.	pe or print; MOZELL B. BLAKEY JAN Month 25 Day Ggreor O.	845 M
haurs after death	FEM.42 & NEGRO S. DATE OF BIRTH S. DATE OF BIRTH S. DAYS HOURS MONTHS DAYS HOURS MONTHS DAYS HOURS	R 24 HRS
bount hour	RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	_ <u></u>
Miled in by hou by papers.	CHILDER S.C. V.S. A. WIDOWED DIVORCED   MONTGOTHERY	Md.
	give street address) and their developments of working life, even if retired.) INDUSTRY	S OR
the state of the s	ISUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UM/137? 13e. STREET AND NUMBER 5 on) STATE 13b COUNTY	/
and cample remove re-	D.C. W4SHINGTON 158 NOW 14 R STREET NW	
and and in at	LUST	
ate bi	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
physician en please aval, and	5, no, or unknown) (1 yes give war or dotes of service) 578-18-3434-1 & & King 709- Tist	2/-
ie death certific attending phys permit. Then p ion, ar remaval,	18. CAUSE OF DEATH (Enter only one cause per , ne forte), (b), and (c) )  PART I DEATH WAS CAUSED BY  APPLICATION ON A TAND	RYAL DEATH
ie deatl attend permit.	IMMEDIATE (AUSE (a) CULTURES THAT I COMPANY OF THE PROPERTY OF	The
if the attention to the attention	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove )	
that an. by th ransi	rise to immediate couse (a).  (b)  DUE TO, OR AS A CONSEQUENCE OF	
equires that the physician. Signed by the burial-transit burial, cremat	ost, (c)	
equires physicio physicio signed l burial-tr	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ding ding een the rrto	DIABETES, MELLITUS - ADVLT CNSET, HYPERTENSION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 ALITOPSY2 201 IF YES WERE FINDINGS CONSIDERED IN CERTIFIED	
AN: The law rale and ar attending itate has been far use as the Health prior to	90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 2016 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING PROCESS OF DEATH? NO IX	IĞ
ar or	To ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
ntifico pital pital pital pital af He	OR SOLVENDTING   CAUSE OF DEATH   HOUR A.M AND DOY YEOR   19	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the hospital or attending physician.  DIRECTOR: After this certificate has been signed by the attending physician and carpoling 3 should be detached far use as the burial-transit permit. Then please remaye be ed with the State Dept. at Health prior to burial, cremation, ar remayal, and in any even	While The North While WA OFFICE BUILDING ETC NA.	Stote
ATTENDING etained by th CTOR: After t should be de	22a. I certify that (1) this hospital) attended the deceased from 1969, and that in (m) (our) apinion death accurred an the date and hour and fr	re) last
TENC ined OR: A auld the	causes stated abave (1) (we) (did) (did not) view the bady after death.	am the
R ATTEI retaine recrors 3 shaul with th	SCHATURE SCHATURE STAFF DEGREE PHYS DEGREE PHYS DIRECTOR	2
VI O	Consider the Degree of the Director of Staff of Director of Phys. Director of	
TO HOSPITAL OR ATTER Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld Shauld be filed with the	NAME (Type) DOTY, DONALD B. 1909 HANOVER, SILVER SI	PA 16
Shau direct	REMOVAL (Specify ) 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote 22d LOCATION (City or Town) (County) (Stote 22d LOCATION (City or Town) (County)	B)
- 19/1	INERAL DIRECTOR AT 1919 AR 191	
45M	rewart Funeral Home-4001 Benning Road N.E.	



_	1			ND STATE DEPARTMENT OF HEA		
\ 1		71003		, 301 W. PRESTON STREET, BALTIMO	DRE, MARYLAND 21201	at any any
	L			CERTIFICATE OF DEATH		1003
# 25#		ECEASED-NAME First Type or print)1	Middle		to, DATE OF DEATH  Manth Day	Year 2b. HOUR
<b>8</b> € 8				ISLANCETON	عا ١	69 5 PM
章 学生	3. \$	X _	GRACE	S. DATE OF BIRTH	1 1 1 1 1 1	INDER I YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.
rs of	_	M	white	8-16-83	8 5 TKG.	
haurs haurs by the haurs	7a	BIRTHPLACE (State ar foreign	7b. CITIZEN OF WHAT COUNTRY?	MENERAL MARKIED	OUNTY OF DEATH	
24 h		WISCONSIN	Ameria	WIDOWED DIVORCED	Montgomery	Md.
mplejely filled in ve. orban paper event, within 72		ITY OR TOWN OF DEATH	nive street address)	C s. during most of	CCUPATION (King of work done of working life, even if retired)	2b KIND OF BUSINESS OR NOUSIRY
The with	Ţ	AKOMA KARIZ	give street address)  AS H SAM  ed lived, if institut an Residence before	6 HOSP R.	etied	Carl-mireta-
9 5 5	odn	USUAL RESIDENCE (Where decease	LISE CODINTY 3	I VICETI NOT	13e. STREET AND NUMBER	Jan a Ara
exacuted tomple and any ever		IND	The state of the s		KNOW AND LEGA	THE THE
P P P P P P P P P P P P P P P P P P P	14	FATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME First	Middle	U Lost
e be	1/2	WAS DECEASED EVER IN U.S. ARM			Address (	Able
reat Asici ple 11, au	100	(# yes give w	ust ou appliagos source)	P. A. C.	and almost d	Cil Cna mo
phy phy are in a vo	⊨		- Lina		TO COLOR DE LA COL	APPROXIMATE INTERVAL
Terr Terr		PART I. DEATH WAS CAUSED	ly one couse per line for (a), (b), and (c) BY.	) )		BETWEEN ONSET AND DEATH
dea tend rmit 1, ar	П	10 m. IMMEDIA	ATE CAUSE (6) UT-PMIA			
he at pe transfer	Н	Canditians, if any, which gove)	DUE TO, OR AS A CONSEQUENCE OF	travet abstruction		
rat 1 1. th 1. th 1. sima	П	rise to immediate cause (a), (	DUE TO, OR AS A CONSEQUENCE OF		1	
s the cian of the	П	stoting the underlying cause	W CA DNOST		my weterstaves	5 yrs
equires that the death certificate b physician. signed by the attending physician burial-transit permit. Then please burial, cremation, ar remaval, and i			10 - 2	NOT RELATED TO THE TERMINAL DISEASE OR CONE	DITION GIVEN IN PART 1(a)	
n g p p o b i s i s i s i s i s i s i s i s i s i	Ī	TARTE STORE STORE CONT.	tottlette communication of the	The leading of the second of t		
law ndin bee s th iar t	F CAT.ON	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20o. AUTOPSY?	206 IF YES, WERE FINDINGS CONST	DERED IN CERTIFYING
X hpr	2			YES NO	CAUSES OF DEATH?	
or of the last of	8	210 ACCIDENT WAS UNDERLYIN	IG 216 TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter no	ture of injury in Port 1 or Port 2, Item	18.)
CIAN iffice f Hg	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Month Day Yea ner) P.M.	r 19		
rsi nosp cent ched pt. o	쥝	ALL MUNDY OCCUPAGE LAL.	PLACE OF INJURY ( AT HOME, FARM, STREET, F.	ACTORY.) 21f. LOCATION Street or R F D No.	City or Tawn C	ounty State
PH he		Wh.le Not while at work				0
ING by fler ter tate	П	22a. I certify that (I) (th	is haspital) attended the decea	sed from Dec , 1953 19 ond that in (my) (our) opinio	. to JUN 16, 196	工, that ([]_(we) last
ND Sed P	П	sow the deceased a	live on Jan 16	.19 😉 🛴 and that in (my) (our) opinio	in death accurred on the date of	and hour and from the
T S S S S S S S S S S S S S S S S S S S	П	22b SIGNATURE	e (1) (we) (did) (did nat) view the	bady after death.	22c DATE	SIGNED
REC 3 s	П	Dinne H	Bandler M	DEGREE PHYS MED.		on 17, 1969
Mr o		22d. PHYSICIAN'S	0 1001	no. Apprece		
RAI RAI be be		NAME (Type)	e C. Rad'a. M.A.	10300 C- O.	o., Whoston, Morning	Inni
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functor director, page 3 should be detached for use as the burial-transit permit. Then please reague action pagers Pages, and should be filled with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death	230	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	F CEMETERY OR CREMATORY 2	3d. LOCATION (City or Town) (C	County) (Stote)
Pag OFF dire		DEMOVAL (Considu)	Calabor Diola	20 cotobil	Wola Lino	ž.
₩ ₩ A15 (4)	24.	FUNERAL DIRECTOR	P37 SMULTO ADDRES		EGISTRAP 256 REGISTRARS SIG	NATURE COLOR
30M REV. 1/68	板	lanian & Pinh	nou. 0 2 8234 Goe	roia Avenue DANAN &	0 1000 1	7 7

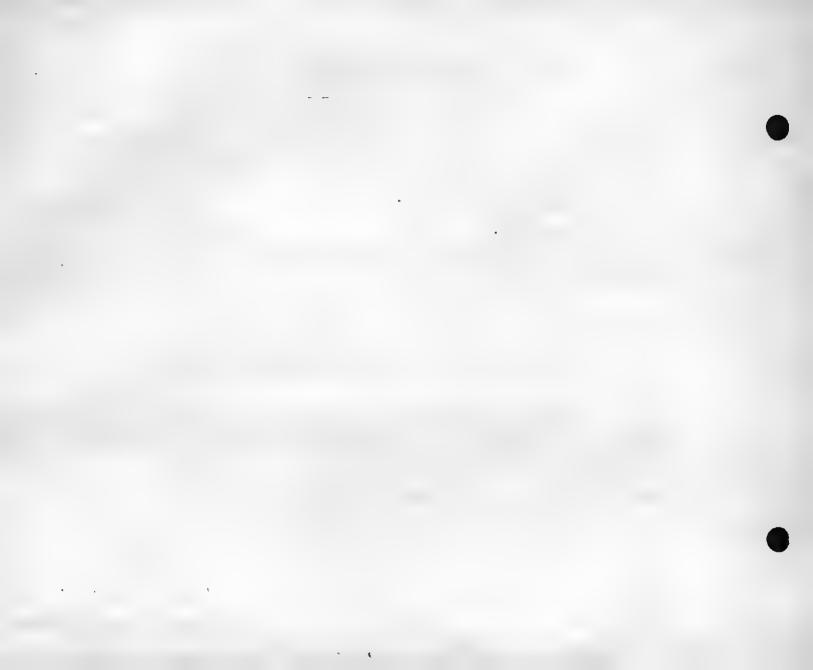


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01005 31010 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1 DECEASED NAME 2a DATE KNOWN Yeor (Type or Print) Page VED DEATH MATED ny delay i 2, and 3 t IF UNDER 24 HRS 3 SEX A RACE 5 DATE OF BIRTH 6 AGE ( IL VINOIS 2c DATE PRONOUNCED DEAD 2d HOUR 9-2 YRS 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED WIDOWED K DIVORCED the State 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION Kind of work door 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) give street address) Office alang 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 130 USUAL RES DENCE (Where deceased lived of institution, Residence before 13c 13b. COUNTY odmiss on) STATE and 2 \ after tem IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME the Chief Medical Examiner's haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT be executed within (Yes, pa, or unknown) Cinn., 288-09-7104D Grace Eliz. E APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) BETWEEN ONSET AND DEAT ficency Acute PART I DEATH WAS CAUSED BY Coronary Insut Sudden. IMMEDIATE CAUSE (6) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Cardio Vascular Disease -Conditions, if ony, which gave ) Years ase to immediate cause (a). This certificate should ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 5 writing the should be forwarded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 os o removal, peso 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? Repair of frosten of Rt hip WAS PERFORMED? icate, YES [ NO X Jan - 16 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, item 18) ö 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A-M. crematian, 210 PM JOD 5 1969 21f, LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, State factory, office building, etc.) may be retained far your FUNERAL DIRECTOR: Page WHILE NOT WHILE Betherda Mittyumery 5813 Murband Rd. 22a. I certify that I tack charge of the remains described above, held an Autapsy [ Inspection X Inquiry X and in fiv opinion Natural causes Accident 🔯 Suicide [ Homicide | Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE. DEPUTY MED CAL EXAMINER **EXAMINER'S** John G. Ball, M. D. ADDRESS(Street, city, town, or county) NAME (Type) 230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (Stote) Brimal (Specify) 1/16/69 Highland Cemetery Fort Mitchell, Kentucky 24. FUNERAL DIRECTOR 250 REGID BY REGISTRAN G 32Sb REGISTRAR S S GNATURE VR A15ME (5) Joseph Gawler's Sons, Inc., Washington, D. C. DATE 10M REV 1/68



	I+	ems5.6.823 Film	GLIO.	MAKTLAND	STATE DEPARTMEN	VI OF HEALIN	1	0.00	
<u> </u>	3/	ems5,6,823 Film 4/69 kk 010	DIVISION OF VITAL	KECUKDS, 30	II W. PRESION SIRE	EI, BALIIMURE, E a tii	MARYLAND 21201	616	68
1 _ /		0 2, 0	«		RTIFICATE OF D				
<b>E C C</b>		CEASED-NAME First		Middle	Lost		TE OF DEATH  CACLY Month 31 Doy	e de Yeor	2b. HOUR
death	<u> </u>	FRAN			BRACEY	, J		७५	10:15 AM
age of the second	3. SE	× M	4 RACE		S. DATE OF BIRTH		6 AGE (In years lost birthdoy) 11 57 73 YRS.	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
rs a	ㄴ		VEC			189/1/2 19			
executed within 24 haurs as a completely filled in by the mave carbon pagers. Pagany event, within 72 haurs	7a. E cour		76 CITIZEN OF WHAT COUN		MARRIED _ NEVER MARRIE	<sup>3</sup>	TY OF DEATH	Α. (	
24 in the right of 172		5. CAROLINA	USA		VIDOWED DIVORCE		MONTGOME		Md.
ile file graft 7 '	10. C	ITY OR TOWN OF DEATH	11 NAME OF H	(ress)	UTION (If not in haspital	during most of we	ATION (Kind of work done irking life, even if retired)	12b KIND OF I	SUSINESS OR
bar bar wit		WHEATON	UNIVE	FRSITY	NURSING HOME	H-P	RHOL		
pole in the contract in the co	13a. admi	USUAL RESIDENCE (Where decease ssion) STATE	d lived, if institution Resi			INSIDE CITY LIMITS?	30 STREET AND NUMBER	A1 ==	
Ly over 1		<u> </u>	V		יאוסופאו ויכויי			Y N.E.	
S Page 2	14. F	ATHER S NAME First	Middle	Last	15. MOTHER'S MAIDI	_	Middle		Lost
The state of the s	<u> </u>	Unknown	n ranceca 1/4 co.	CLAS SECURITIVANO		Jnknown			
equires that the death certificate be executed within 24 haurs of physician. Signed by the attenting physician and completely filled in by the buriot transit permit. Then please remove carbon papers. Page buriot, crematian, ar remayal, and in any event, within 72 haurs of buriot, crematian, ar remayal, and in any event.	16a Y	WAS DECEASED EVER IN U.S. ARME es, no, or unknown)   (If yes give we	D FORCES? [100, 301	CIAL SECURITY NO.	17 INFORMANT		Address		
phy en ava	H					eased		#ODDAYIN	NATE INTERVAL
at the death certific the attending phys nsit permit. Then p matian, ar remayal,		IB. CAUSE OF DEATH (Enter any PART I DEATH WAS CAUSED IMMEDIAT	one couse per line for (a	), (b), and (c) )		51 01		BETWEENIDE	NSET AND DEATH
Heat mit.		MMEDIAT			we myone	yion		/m	
he at per		Conditions if any, which gave)	DUE TO, OR AS A CON	SEQUENCE OF	11000	2. 1	1/2 2	5,	4.0
at the nsit ma		rise to immediate cause (a),	(b)	valer	ioscerovie	Carais	Vascular	1	P 44
trans, cre		stoting the underlying couse	DUE TO, OR AS A' CON	ISEQUENCE OF	distast				
nysic nysic niol		PART 2 OTHER SIGNIFICANT COND	(C)	DEATH BUT NOT	DELATED TO YUE TERMINAL D	SCEACE OD CONDITION	CHIEN IN DADT 1/-)		
red popular bud o		PART 2 OTHER SIGNIFICANT CONL	ILLONS CONTRIBUTING TO	DENIN DUI NUI	KELATED TO THE TERMINAL D	ISEASE OF COMPILIOR	OWEN IN PART I(0)		
Idina Idina Interior	FECATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPER	ATION WAS PERFO	RMED 20g AUTOPS)	(2	20b IF YES, WERE FINDINGS (	ONSIDERED IN CE	PTIFYING
ATENDING PHYSICIAN: The law requires that the death certificate be stained by the haspital ar attending physician.  ITOR: After this certificate has Been signed by the attending physician of should be detached for use as the buriof-transit permit. Then please in the the State Dept. of Health priar to buriof, crematian, arremaval, and in the state Dept. of Health priar to buriof.	FECA	THE DATE OF OFERSHORE	PHD I GHT FOR WITHOUT GFEN	Allon Hayr Em	YES 🗀		AUSES OF DEATH?	ONGIDENCE III VE	
ar of the house	CERT	210 ACCIDENT WAS UNDERLYING	215 TIME OF INJURY			- Cand	of injury in Part 1 or Part 2,	Item 18 1	
tol for far far	ਤੋਂ	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth	Day Year		ten females	, , , , , , , , , , , , , , , , , , ,		
rsic aspi aspi certi hed t. a	MED.	flf either, notify medical exomine 21d, INJURY OCCURRED 21e, F		FARM, STREET FACTOR URLDING, ETC	1) 21f. LOCATION Street of	r R F.D. Na	City or Town	County	State
PH le h his stac		While Mot while at wark	OFFICE BO	JHLDING, ETC	1		411.		
N the er t		22a. I certify that (I) (this	hospital) attended	the deceased	from // 52 /	1968	0 - /3/ 19	6) that	(1) (we) lost
Aff d b d b e Si		saw the deceased al.	ve on	19_	, and/fhat in (my)	(aur) apinian de	eath accurred on the de		
ATTENC retained retained INTOR: A 3 shauld with the		causes stated above,	(I) (we) (did) (did no	Niew the bo	dy ofter death.				
R ATTEND retained AIIITOR: A 3 shauld with the		22b SIGNATURE	. I Ja	nkin	ATTENDING	MED DIRECTOR	STAFF	DATE SIGNED	
L OR be r		22d. PHYSICIAN'S			DEGREE PHYS.	DIRECTOR	LI PHYS LI		
IIIA may Rill pe f		NAME (Type)	Myron	L. Len	kin 220 NOW	neaton,	Md.		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNITAL LINELITOR: After this certificate has Been signed by director, page 3 should be detached for use as the buriaf-transhould be filed with the State Dept. af Health priar to burial, creating the state Dept.	230	BURIAL, CREMATION, 236 D.			NETERY OR CREMATORY		OCATION (City or Town)	(County)	(State)
Page Page dire	250.	REMOVA (Specify)					Montanta	. , , ,	(210.0]
	24	FUNERAL DIRECTOR	2/6/69 1	ADDRESS	inia Bapti	REC'D BY REGIST	RAR 2Sb. REG STRAR S	SIGNATURE	
VR A15 (4) 30M REV 1/68		FUNERAL DIRECTOR Hort	on Co.	1324-U	CI - 27	型ER 7	40.00	_	
	<u></u>					FED (	14CQ // ///	Con Union	





			ID STATE DEPARTMENT OF HEAT	
1/		DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201
		01017	CERTIFICATE OF DEATH	1868
4 24		CEASED-NAME First Middle	Lost 2a	. DATE OF DEATH 2b. HOUR_
death. neral and 2 death	(1	ype or print) Gertrande A.	iz a	Month Day Year 453M
r de	3. SE	X 4 RACE	5. DATE OF BIRTH	
the the	J. 3E	A RACE	3. DAIR OF BIKIN	6. AGE (In years   IF UNDER I YEAR   F JNOER 24 HRS.   MONTHS   OAYS   HOURS   MMN.
the diffe		remale white	9/20/01	67 YRS.
by th		IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. CC	DUNTY OF DEATH
1 in Sers	EOUI	Mass. U.S.A.	WIDOWED DIVORCED	Montgomers Md
n 2 Illed	10. 0	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR IN:	STITUTION (If not in haspital 12a, USUAL OC	CUPATION (Kind of work dane 12h KIND OF BUSINESS OR
iffi iffi /	5	IVER SPKING give street oddressly (	during most of	working life, even if retired.) INDUSTRY
d w ere arb	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before	13c CITY OR TOWN 3d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
requires that the death certificate be executed within 24 hours after death g physician.  signed by the attending physician and completely filled in by the funeral e burial-transit permit. Then place emove carbon papers, Pages, I and a burial, crematian, or removal, and in any event, within 72 hours, after death	adm	ssion) STATE NI 13b. COUNTY P. 6.	YES NO	301 Univ. Blud. E
mov mov	14	ATHER'S NAME First Middle Last	IS. MOTHER'S MAIDEN NAME First	_Middle Last
and in an		Jacob F. Lares		La anderson.
and	160.	MASS DESCRIPTION FOR THE MAN PROPERTY AND STREET STREET		Address
physican physican nen phase noval, and i		es, no, or unknown) (If yes give war or dates of service)		King 119 Revere St. Springfield
erti ph hen nav				APPROXIMATE INTERVAL
ne death cer attending p permit. The		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY		BETWEEN ONSET AND DEATH
dea ienc or , or		IMMEDIATE CAUSE (o)	momalosis	3000.
aff		DUE TO, OR AS A CONSEQUENCE OF		Qaa
the the matric		Conditions, if any, which gave use to immediate cause (o). (b)	mome of Crear	1/100.
by an creat		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	0	
siciled of the sicile		last. (c)		
equires that the physician. signed by the burial-transit purial, cremati		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(o)
ng ng en ta ta ta ta	z			
law indi	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law attendin has bee as the priar t	CERTIFICATION		YES NO	CAUSES OF DEATH?
te art		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY		ure of injury in Port 1 or Part 2, Item IB.)
T to see the see that the see t	MEDICAL	OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner)		
SS parties to a contract of the contract of th	MED		(TORY.) 21f LOCATION Street or R.F.D. No.	City or Fawn County State
PHY s hc tack		While Not while at wark	THE COUNTY SHEET OF KILD INC.	City of Fuggit Custify 274-9
<b>a</b> # # 80		at wark at work	16 10 10 10	1 1 10 1 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sto Sto		22a. I certify that (1) (this hospital) attended the deceased anye an	ed from (Line , 1960	, ta ///n · / 1, 19 64 , that (1) (we) last a death accurred on the date and haur and from the
TENDING PHYSICIAN: med by the hospital at NR. After this certificate build be detached for a the State Dept. at Hea		causes stated abave (1) (we) (did) (did nat) view the	bady after death.	deam accorded an the date and man and main the
ATI TO Shoot		22b SIGNATURE		22c, DATE SIGNED
OR De re de veed w		Denvis (Calenan M	DEGREE PHYS BIRECT	STAFF C
N b b d d d d d d d d d d d d d d d d d		22d. PHYSICIAN'S	22e ADDRESS	- 1113 - 1 / CEP 111767
RAI DE PE		NAME (Type) JAMES K COLEMAN	1 240 100.77	MBIA BLUD SILVER SPRING Md
OSS JNE	230	BUR AL, CREMATION, 23b DATE 23c NAME OF		I. LOCAT ON (City, or Town) (County) (State) /
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre	200	REMOVALISOCIATI Dan 21,1969 Giora	e Washinsten	adelptie St. Die ma
	24	FUNERAL DIRECTOR ADDRESS	2Sa. REC'D BY REC	
VR A15 (1) V	Q	Urising Gratters 254 Carrell Di Nis	Wash IC DATE AN 2	2 1969 promes ymore
100	LY.	and the annual of the country is the	DAIE	



_ 1	1		MAKYL.	AND STATE DEPARTMENT	OF HEALTH	
		110 the DIVIS	SION OF VITAL RECORI	S, 301 W. PRESTON STREET	, BALTIMORE, MARYLAND	21201 /1009
419				CERTIFICATE OF DEA	ATH	
10 di -24		CEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
w dear	_	Abe at bills)	2 90.	Brown	Mani	T 67 120!
the full state of the state of	3. SE	male 18	White.	S. DATE OF BIRTH	-1913 ST	In years IF UNDER + YEAR IF UNDER 4 HRS THEORY) MONTHS DAYS HOURS MIN
how in By	7a 6	BIRKHIPLACE (State or foreign 7b. CIT	ZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED [ WIDOWED DIVORCED	9 COUNTY OF DEATH	tomesu
filled n pape ithin 77	10.0	ITY OR YOWN OF DEATH	11 NAME OF HOSP TALLOF	INSTITUT ON (If not in haspital	20 USUAL OCCUPATION (Kind of	wat k/dane 12b, KtND OF BUSINESS OR
with treat treat	13a	Bethesda	give street addless)	(KDWII)	urnig mast af warkingstite, ever SERVICE STATI	on (SII).
be executed within 24 hor and campletely filled in be remove carban papers.		OSUAL RESIDENCE (Where gereased lived ssian) STATE 13b	COUNTY Mont.	Rockville YES	S DE CITY LINE TS? 130 STREET AND	honone ST.
e exe	14 F	ATHER'S NAME First	Middle Las	IS MOTHERS MA DEN	NAME First	Middle Last
di ii ii			. Brown		Elma	Bledsoe
Page 4 may be retained by the haspital ar attending physician.  Funeral DIRECTOR: After this certificate has been signed by the attending hystician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Their pages remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.	16a Y	WAS DECEASED EVER IN U.S. ARMED FOR es, De Jor linknown) (If yes give wor or dates	(ES?   16b SOCIAL SECUR of service) 224-18-7		Pera Odino	Address Sama
No vo		1B CAUSE OF DEATH (Enter only one of			n I	APPROX.MATE NTERVA.
odino T. T.		PART I DEATH WAS CAUSED BY	Millian	and lead beat	a so tion	BITWIFH ONST AND DIATH
dec then train n, all		LLIGO ,MMEDIATE CAUS		ancieas ory	cucuere	- Dally
the a line a		Candit ons, if any, which gave)	JE TO, OR AS A CONSEQUENCE	7		1 Julian
ration of the most	Н	rise to immediate cause (a), (	(b)	<u> </u>		10900
equires that the physician. signed by the o burial-transit p burial, crematic		stating the underlying cause DL	JE TO, OR AS A CONSEQUENCE	Ur .		
uire hysi gne prial		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTION TO DEATH BIL	NOT DELATED TO THE ACOMMAN DATE	ACCORDED T ON CIVEN IN DARK	11-3
g p p a bridge		Ol tucker	The state of	- ALLE SULLE TO THE TERMINAL DISC	II MOINE	ι(σ)
dw din din art	NOI	19a, DATE OF OPERATION 19b, CONDITION	ON FOR WHICH OPERATION WAS	PERPORMED 200 AUTOPSY?	20h IE VES WED	E FINDINGS CONSIDERED IN CERTIFYING
The law requires that the death attending physician. has been signed by the attendinse as the burial-transit permit. Ith priar ta burial, crematian, ar re	CERTIFICATION	Tro, conomi	on tok which of the light its.	YES	NO CAUSES OF DEAT	
ar of the branch	CERT	2) a ACCIDENT WAS UNDERLYING 12	16. TIME OF INFURY		(Enter nature of injury in Part	or Part 2 (tem 18)
ifical for files	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	IOUR A.M. Manth Day Yo	ear	terres transco as sulpri) as rate	, 4, 141, 2, 1101, 10 )
YSIK asp cert hed h. a	MED	(If either, notify medical examiner)  21d. INJURY OCCURRED 21e. PLACE C	P.M. DE INJURY / AT HOME, FARM, STREET	FACTORY.) 21f LOCATION Street or R	FD Na City or Town	Caunty State
<b>5 PHYSICIAN:</b> The taw rather has been this certificate has been detached far use as the e Dept, af Health priar ta		While Nat white at wark				2
by by tifter be		22a. I certify that (I) (this hasp	oital) attended the dece	ased fram	, 19.69 , ta/4	, 1969 , that (1) (we) las
TEND ined OR: A auld the		saw the deceased alive ar	(did) (did not) view to	_1924, and that in (my) (# ne bady after death.	ज) apinian death accorred	on the date and hour and from the
F E E E	П	22b SIGNATURE		ATTENDING	MED STAFF	22c DATE SIGNED
DIR DE		11/11/11/11/11	KACOK	DEGREE PHYS.	DIRECTOR PHYS.	1/4/69
TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health priar ta burial, creases		22d PHYSICIAN NAME (Type) Robert C	Macon	220 ADDRESS	Viers Mill	Rd Rockville
LOS UNI ecto		BURIAL, CREMATION, 23b. DATE	23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION (City of	Town) (Caunty) (State)
O Page		REMOVAL (Specify) 1/7/19		Lawn Cemetery	Rockvill	
VR ALANY		FUNERAL DIRECTOR	1331 Ros	Eville Pike 250	REC D BY REGISTRAR 25b	REG STRAR S SIGNATURE
45M - 109	Ty.	son Wheeler Funer	ral Home Roci	5	IAN 7' 1969	Misules Judge



Film 409 MARYLAND STATE DEPARTMENT OF HEALTH



., \ 1/		alu 1,	DIVISION OF V	ITAL RECORDS,	301 W. PRES	TON STREET, BAI	.TIMORE, MA	RYLAND 21201	5101	1
XX	l	Ttems#13c%B	FilmGlo9	1/29/69	CERTIFICAT	TE OF DEATH			0101	.A.
£ ( D)	0	:CEASED-NAME First		Middle		Lost	20. DATE O		N. V.	2b HOUR
9 2 2 2	,	ype or print) ROS	IE	ANNA	BR	OWN		Month (	15- 69	3.300
2 2 3	3 5	X	4 RACE			DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
the fundaments of the fundamen	1	FEMALE	N	EGRO		AUG 22.	878	lost birthdoy)	MONTHS DAYS	HOURS MIN
n by the second haurs of haurs		BIRTHPLACE (State or foreign	76 CITIZEN OF WHA		8. MARRIED	NEVER MARRIED	9. COUNTY O			
in har	(00	MARYLAND	U.S	Α.	WIDOWED X	DIVORCED	M	ONTGOMERY	,	Md.
in 24 illed pop pop hin 7	10	ITY OR TOWN OF DEATH	TII NAA	AE OF HOSPITAL OR INS		hospitol 12c. US	UAL OCCUPATION	(Kind of work dan	ne 12h KIND OF F	
重量,		SILVER SPRING	GIXE 21	eet address) LVAN MANO	R CARE C	ENTED during	most of working	life, even if retired OYED	I) INDUSTRY NONE	
o et e	130	JSUAL RESIDENCE (Where decen	sed lived, if institution		13¢ CITY OR IO	AN 13d INSIDE CIT	LIM TS? 13e. S	REET-AND NUMBER	s Road	
comp et control contro	adm	ssion) SIAIE	13b. COUNTY MONTG		SEP / SE	RING YES	NO TO	444/4796		
× × × × × × × × × × × × × × × × × × ×	14	ATHER S NAME First	Middle	Last		OTHER'S MAIDEN NAME		Middle	K/SAKEEA	Lost
ond conditions		HENSO		DOW			UCINDA		?	
ate licton and and and	160	WAS DECEASED EVER IN U.S. ARI	MED FORCES?	66 SOCIAL SECURITY I	NO. 17. INFO			Address		
rending PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death ned by the hospital or attending physician.  R: After this certificate has been signed by the attending physician and come eter filled in by the fundry old be detached for use as the bungl-transit permit. They please remove to bun papers. Pages I and the State Dept. of Health prior to Juval Remotion, or removal, and in any event, within 72 hours after again.	1	es, no, or unknown) (If yes give		218-54-91	10					
to to all	F	18. CAUSE OF DEATH (Enter or				7)	. /		APPROXIN	ATE INTERVAL
not the death of the stending of the strength		PART . DEATH WAS CAUSE	D BY:	Mand	1001	Hanon.	X		GUWIER OF	SET AN DEATH
dec dec	1	11 ~ / IMMEDI	ATE CAUSE (o)	A CONCEDURACE OF		W/P/CW				//
the the		Conditions, if ony, which gove		A CONSEQUENCE OF	<u>۔</u>				6 6	Aun
# : × : S		rise to immediate cause (a),	(b)	A CONSEQUENCE OF					0.40	
# 5 5 E		stoting the underlying couse	{c}	A CONSEQUENCE OF						
physician. signed by the attending for the byte byte byte byte byte byte byte byt		PART 2 OTHER SIGNIFICANT CO		NG TO DEATH BUT N	OT RELATED TO TH	F TERMINAL DISEASE O	R CONDITION GIV	N IN PART 1(o)		
The law requires the attending physician has been signed by se os the bypal-train the prior to buyal.			-					,		
The faw ratending has been se os the th prior to	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20o AUTOPSY?	20b I	F YES, WERE FINDING	S CONSIDERED IN CE	RTIFYING
he for the format he so be so h prior	15					YES NO	CAUSE	S OF DEATH?		
AN: The law radio or attending icote has been for use as the Health prior to	. E	210 ACCIDENT WAS UNDERLYI	NG 21b TIME OF	INJURY	21c HOW	INJURY OCCURRED (En		ery in Port 1 or Port	2, Item 18.)	
H Telegraph	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	Month Day Year		· ·				
by the hospit Wher this certif be deteched State Dept.	ED	21d INJURY OCCURRED 21e	PLACE OF INJURY /	LT HOME, FARM, STREET FAI		ION Street or R.F.D.	No. Cin	or Town	County	Stote
PH ie h his process		While Not while of work	(	OFFICE BUILDING, ETC	/					
5 t t g f l O		22a   certify that (1) (t)	is hospital) atte	ded the decease	ed from	, 19	, ta		19, that	(1) functulast
O A A GO	1	22a I certify that (I) (the saw the decoased of causes stated above	live an	C 19	9 Jand th	nat in (my) (aur) a	pinian death	accurred an the	date and haur	ind from the
A ATTENI retrained recror: 3 should with the	7	causes stated abov	e, (I) ( <del>we) (</del> dua) (	inet) view the	bady åfter deg	th.				
A ta Disk with Market A		22b. SIGNATURE	1 1/	1 -6	/	ATTENDING TO	MED DIRECTOR	STAFF PHYS.	2c. DATE SIGNED	9
Direction of the person of the		1 aheni	Inis	ence	en DEGKEE	PHYS PHYS	DIRECTOR L	PHYS.	1-1/-0	
TAL 0		224 PHYSICIAN S NAME (Type)	THEORDEAN			22e ADDRESS	***			
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be the with the State Dept. of Healt	-	R.	THIBADEAU	I no marie or	CEMCYERY OF THE	ROCKY			(5)	(Santa)
oge Purities	230	DCMOVAL (Specific)	DATE		CEMETERY OR CRE	MATUKY		ON (City or Town)	(County)	(stote)
5-5-0		BURIAL FUNERAL DIRECTOR	1-18-69	ASH ADDRESS	MEMORIAL	2So. REGID		NDY SPRIN		MD
VR A15 (U)	Z4.		MOLIDE:				AN ZIT	1969 REGISTA	A CONTRACT	y.
SOM HEA I VOD V		ROBERT L. S	YOWDEN	ROCKVILI	E MD	DATE			U	7

MAKTLAND STATE DEPARTMENT OF HEALTH



	1	MAKYLAND STATE DEPARTMENT OF HEALTH  O 1 0 1 0 1 0 10 0 10 0 10 0 10 0 10 0	
*	П	DIVISION OF VITAL RECORDS, SOT W. PERSON STREET, DARRIGHTER, MARIEMAND 21201	10000
•		LEST (70), I LITHOUTON IN TOTAL RIM	31612
death. neral ond 2 death.		DECEASED-NAME First (Type or prints ALLIE Month / Doys	2/ Year 69 26 HOUR 4
the fur	3. S	SEX 1 4. RACE 0 5 DATE OF BIRTH 6. AGE Un reors	IF UNDER 1 YEAR IN UNDER 24 HRS AONTHS DAYS HOURS MIN
Thought the state of the state		BIRTHPLACE (Stote or foreign 76, CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9-COUNTY OF DEATH   WIDOWED   DIVORCED   11 P. 71 CM 77 7 CM	" YU- Md
within within	17	CITY OR TOWN OF DEATH  TI NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even it retired.)	126 KIND OF BUSINESS OR INDISTRY
de control	odn	USUAL RESIDENCE (Where deceased lived, f institution, Residence before 13x EITY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER / STATE NO 13b. COUNTY 10 CCCUILLE YES NO 5763 Had	pine Road
The low requires that the death certificate be executed within 24 hours after death attending physician ond completely fine in by the funeral se os the burial-tronsit permit. Then please remake cabon, the hours pages 1 and 2 th prior to burial, cremation, or removal, and in any event, within 24 hours after death	L	FATHER'S NAME First Middle Middle DROWN 15. MOTHER'S MAIDEN NAME DIST MIDDLE WILLIAM Middle P	Lost
rtificote t physician en please oval, and		o WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (Il yes give wor or dates of service) No. NE Zaith C. Sthackent P.C. R	a Kville, Ma
he deoth certific ottending phys permit. Then p ion, or removal,		18 CAUSE OF DEATH (Enter only one couse per line for (o), (h), ond (c).)  PART I DEATH WAS CAUSED BY  Ventricular Fibrillation  IMMEDIATE CAUSE (o)	approximate interval between onset an orash 10 min.
the d the oth sit per mation,		Conditions, if any, which gove tise to immediate cause (a), (b)  DUE TO, OR AS A CONSEQUENCE OF  Arteriosclerotic Cardiovascular disease  (b)	Years
equires that the physician. signed by the c buriol-tronsit p		stating the underlying cause OUE TO, OR AS A CONSEQUENCE OF	
w requing phyling physen sign	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  Generalized Arteriosclerosis and Exogenous obesity	
The lovattend attend has be use os it the prior	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS CONCAUSES OF DEATH?	
PHYSICIAN: the hospital or his certificate stoched for u Dept. of Heaf	MEDICAL CE	OR CONTRIBUTING CAUSE OF GRATH  (If either, notify medical examiner)  HOUR A.M. Month Doy Year  19	m 18.)
JING PHYSICIAN: The low reby the hospital or attending after this certificate has been be detoched for use os the store Dept. of Health prior to be the store of the store Dept.	W	While Nat while of work of work	County State
FOR HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exerged 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a director, page 3 should be detached for use as the burial-transit permit. Then please remains should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any		220. I certify that (I) (this hospital) attended the deceased fram 0, 1962, to 0, 1962, to 3, and that in (my) (our) opinion death accurred on the date causes stated above, (I) (we) (did not) view the body after death.	e and hour and fram the
OR ATTENI De retoined DIRECTOR: A E 3 should ed with the			ATE SIGNED
O HOSPITAL OI Page 4 may be O FUNERAL DIR director, page of should be filed		22d. PHYSICIANS NAME (Type) HORACE W. BERENTON, M.D. 22e. ADDRESS Bradley Bluil. C.	s.Ch. Ma
TO HOSPITAL Page 4 may b TO FUNERAL D director, page	L	BURIAL (REMATION, 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cty or Town) BURIAL (Specify) 1-24-69 Plano CACY Complexy Dealls with	(County) (Stote) Mont. Met -
VR ALE TAIL	24	Robert A Pemphrey Wisconsin Ave Bailan 22 1969 f	GNATURE



	MARTLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
V	CERTIFICATE OF DEATH
- 22.	DECEASED-NAME First Middle Last 2a DATE OF DEATH 2b. HOUR
to To be	(Type or print) Doy Yeor
de de	SEX LARGE LARGE IS DATE OF BIRTH LA AGE (In veges LIFUNDER) YEAR LIF UNDER 24 HRS
free free free free free free free free	The body of the state of the st
s of the second	Formale White 12-25-19 last birthday YRS MONTHS DAYS HOURS MIN
hours after deat	b. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7
	) rash. Di, america V.S. WIDOWED DIVORCED Montgoniery Md.
	CITY OR TOWN OF PEATU
within 24 within 72	Takama Park Wash San 4 Hospi House With the Bosiness UR INDUSTRY
arb art	IC USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c (TY ON TOWN 13d INSIDE CITY LIMITS? 13e STREET AND, NUMBER
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician.  NRECTOR: After this certificate has been signed by the attending physician and cample e 3 shauld be detached far use as the burial-transit permit. Then please remove called with the State Dept. of Health priar to burial, crematian, ar removal, and in any even	Imission) STATE DE YES NO 2017 HULLED COURS UN E
xect nov	I. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
e e. rer	
o programme prog	Ferdinand Bergmann Cinne E. White.
sicio plec	Yes, no or yesknown) (11 yes give war or dotes of service) 212-14-8728 EDWH LIBROWHIE SAME AS # 13
Phy and a second	NO 2/3 /7 6/20 EDWIN -
e H	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH  S menths.
ath indi	PART I. DEATH WAS CAUSED BY. January on belast polit mellilating 18 marths.
of de	DUE TO, OR AS A CONSEQUENCE OF
the the	Conditions, if any, which gave
nat nasi	rise to immediate cause (a).  Stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF
s the cian distribution of the cian distributi	Istating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ysigned in the state of the sta	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
P P P P P P P P P P P P P P P P P P P	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
w Jing een the	tongestine pearl gratier.
as brid so	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The fast of the fa	AF A NO
ate at a lea	
of the state of th	TOR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year
YSI cer che	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County State
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar aftending physician. DIRECTOR: After this certificate has been signed by je 3 shauld be detached far use as the burial-tranged with the State Dept. of Health priar to burial, created with the State Dept.	21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT NOME, FARM, STREET FACTORY.)   21f. LOCATION Street or R F.D. No City or Town County State at wark at wark
NG Y H Fer e d	22a   certify that (1) (this prompt) attended the deceased from Auc. 1967, to 1-6 1969, that (1) (we) last
d b African	saw the deceased alive an $7-5$
Se sine de la company de la co	causes stated abave, (I) <del>(we) (did)</del> (did nat) view the bady after death.
A S S S S S S S S S S S S S S S S S S S	22b SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
P S S S S S S S S S S S S S S S S S S S	School 1. Theoret DEGREE PHYS DIRECTOR PHYS. 1 1 - 6 - 8 7.
AI AI	22d PHYSICIAN'S 22e. ADDRESS 2.
SPIFAL 4 may VERAL for, pag	NAME (Type) Seruch Kimble, MD. 980/ Nasigna line, & Miller Gothy to
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely medicator, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pashauld be filled with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within	30 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State)
Page of the state	BUBLISHERY JAN 9, 1969 FT, LINCOLN CEM COLMAR MARYLAND
	4. FUMERA, DIRECTOR / 250, REGISTRAR SIGNATURE
30M REV	W.W. Chambell to Kulistale Md. JAN 1 4 1969 1
10%	The state of the s

· 12 fts. Y 400

PHYSICIAN: The law requires that the death certificate be executed within the attending physician and campletely to sit permit. Then please remave carban ar remaval, and in any event, cremation, burial-transit Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been detached far use te Dept. af Health

3. KEY

(country)



MARYLAND STATE DEPARTMENT OF HEALTH

- r\* 1 3

_	MARYLAND STATE DEPARTMENT OF HEALTH
	01021 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
april	CERTIFICATE OF DEATH
	La Petron vivine
er death. funeral s 1 and 2	(Type or print)  ADA FRANCES  BURTON 20. DATE OF DEATH  TO Month / 8 Day Year GP 26 HOUR  7 1/5 AM
fund fund	
by the f	S. DATE OF BIRTH  S. DATE OF BIRTH  AUG 5, 1886  6 AGE (In years)  If UNDER 1 YEAR ' I F UNDER 24 MRS.  AUG 5, 1886  18 SUPPLY AUG 5 AVS HOURS MIR.
nrs and	(3) 25 107
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e haspital ar attending physician. his certificate has been signed by the attending physician and campletety filled in by the funeral stacked for use as the burial-transit permit. Then please remaye carban papers, eages I and 2 Dept. af Health priar ta burial, crematian, ar remayal, and infanteern), with n 72 hours after Teath	To BIRTHPLACE (Stote or foreign To CITIZEN OF WHAT COUNTRY? COUNTY) MARYLAND U-S. C. WIDOWED DIVORCED 9 COUNTY OF DEATH WIDOWED DIVORCED 9 COUNTY OF DEATH
hin 2	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR NSTITUTION (If not in hospital 12a USCAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
withi ban wtt	TERMANTONIN give street oddress) during most of working if e, even if retired.) INDUSTRY
B 3.0 E	130 LSJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MSIOC CITY LIM 152 13e STREET AND NUMBER 13b COUNTY 37 1.7 7
and completed	1110/2011
X Pue e ex	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
9 0 8 0 7	FIZRA COPPERSMITH BARBARA WILLIAMS
ikton (sikton (	166 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or days of service)  17 INFORMANT  Address BCYDS, RATE /
yahys things	- X13-18-3816 YI, KS MARGARET HESTEALL BOX 14 MD.
e e	B CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))  PART I DEATH WAS CAUSED BY
ar re	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Personal wasonly accelered z days
equires that the death certificate by physician. Signed by the attending physician burral-transit permit. Then please burial, crematian, ar remaval, and	4/22 DUE TO, OR AS A CONSEQUENCE OF
the state of the s	Conditions, Tony, which gove
in that and an area	rse to Immed are couse (o).  stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF
es sicio al-fr	lost.
Shy:	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ng I en s en s tat	- Right hemplogia
be andi	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The after has has	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO KEY CAUSES OF DEATH?
A: ar	210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
A E Manager	S Or contributing Cause of Death Hour A.M. Month Doy Yeor
YSI resp cer chec	2 Id INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, SIREEL, FACTORY.) 21f IOCATION Street of R.F.D. No. City of Town Co. ply State
DING PHYSICIAN: The law requires the by the haspital ar attending physician. Wifer this certificate has been signed by be detached for use as the burial-transtate Dept. af Health priar ta burial, cree.	of work of work
ATTENDING etained by the CTOR: After t shauld be de vith the State	22a. I certify that (!) (this hespital) attended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10
A A B S S S S S S S S S S S S S S S S S	saw the deceased alive an 17 19 9, and that in (my) (per) opinion death accurred an the date and haur and from the
Gaine aine that the the that the theta the the the that the the that the the that the the the the the the the the the th	Cosses states appared to the party time appropriate appared to the party area appared to the par
OR ATTENI be retained DIRECTOR: 4 ge 3 shauld	226 SIGNATURE ATTENDING ATTENDING ATTENDING ATTENDING ATTENDING
DIRE	THE STORES OF THE DEGREE PHYS IN DIRECTOR IN PHYS II
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta	122d PHYSICIANS ON GATAWOFF CONTROL 22e ADDRESS
OSP SA 4 ANE	230 BLRIAL (REMATION, 236 DATE , 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Page dire	230 BLRIAL (REMATION, REMOVAL (Specify) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cry or Town) (County) (Stote)
00	24. FUNERAL DIRECTOR  ADDRESS 250 REGISTRAR'S SIGNATURE
VR A 5 1	J. E. Franks of Wester rate First DATE 1969 flances Jugar
, 40	DAIL DAIL

18/

		MARYLAND STATE DEPARTMENT OF HEALTH	04048
		1116	31017
		CERTIFICATE OF DEATH	
death.		CEASED-NAME First Middle Lost 2a. DATE OF DEATH  // Month Doy	Yeor 2b. HOUR
		BUSSIE(Brace) BULL Jan 7	69 6R M
	3. SE		UNDER YEAR IF UNDER 24 HRS
	匚	FEMALE 1/109.14-1874 74 YRS	
	7o E	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
		RUSSIA USA WIDOWED PIONTGOMERY	Md
		11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 20 USUAL OCCUPATION (Kind at work dane give street oddress)  12 USUAL OCCUPATION (Kind at work dane during most at working life, even if retired)	26 KIND OF BUSINESS OR INDUSTRY
3		FREIL STRING DINNERSHY SALESLADY	
,	13a. admi	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d INSIDE CITY IMPLIST 13e. STREET AND NUMBER STATE 13h COUNTY 13h COUNTY STATE 15h AKYLAND 13h COUNTY STATE 170NT GOTTERY STATE 15h AKYLAND 170NT GOTTERY STATE 15h	D I TOTAL
			R STREET
1	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	160	MAS DECEASED EVER IN US ARMED FORCES? 1166 SOCIAL SECURITY NO. 117. INFORMANT DAUGHTER Address	
		es, na, ar unknawn) (If yes give was or dates of service)	BER ST
			APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one cause per one for (o), (b), and (c))  PART! DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Carefully a by tection with itsiliantes.	BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a) Cre with a sign of the common with interpretation	7
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave )	
		nse to immediate couse (o).	
		stating the underlying couse lost. (c)	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	<u> </u>
atr.	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
	TIFE	YES NO X CAUSES OF DEATH?	
		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	18.)
	MEDICAL	(If either, notify medical examiner) P.M. 19	
			ounty State
		at work at work	
		22a. I certify that (1) (this haspital) attended the deceased from 1977, 1960, ta 12 n. 7, 1960 saw the deceased alive an 1977 and that in (my) (aur) apinian depth accurred an the date of	that (i) (we) last
		causes stated abave, (1) (we) (did) (did not) view the bady after death.	and Haur and fram the
		226 SIGNATURE 2	
		MIDEGREE PHYS. DIRECTOR DIRECT	7/69
1		22d. PHYSICIANS NAME (Type) MYRON L-LENKIN MO 2300-Shirefield Rd Wibers	101
-		12 709 = 771000 100 - 101000	ton 14d
	23 a.		County) (State)
	24	B.R.AL I TO TO BUBSHINGIUN VENETERI BINDONETN	NATIOF
8	E	FUNERAL DIRECTOR DANZANSKY & SONIS - WASHING TOWN DO DANZANSKY & SONIS - WASHING TOWN DO DANAN 10 1969 POLICENTE	
			Control of the last of the las

. . .

, 1		₹102.	DIVISION OF VITAL RECORD		PRESTON STREET,		ARYLAND 21201	.1018	R
	_ts	emll FilmGhoo 1/			CATE OF DEA			. 1010	,
= =====================================	i D	CEASED-NAME First	Middle		rast	2a. DATE		v	2b HOUR
death.	L.	GKEY			BYRD		J/197th 1P4		M
	3 5		4. RACE		S. DATE OF BIRTH	1000	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN
TS # S	1	FENALE	NEGRO 75 CITIZEN OF WHAT COUNTRY?	To	11-14-	7	1100		
1 in \$	CODI	BIRTHPLACE (State or foreign 77 stry)	U.S.A.	o. MARRIEL WIDOWEL	NEVER MARRIED [		MONTGOMERY		Md.
hin 24 filled pape thin 7	10 (	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (IF	not a hospital 12	2a USUAL OCCUPATIO	N (Kind of work dane	126 KIND OF E	BUSINESS OR
with bon with	L	KENSINGTON	give street oddress)				phile even if retired)	INDUSTRY	₹E
campletely filled in rove carbon paper by event, within 72	13a adm	USUAL RESIDENCE (Where deceased ssian) STATE [MT]	d lived, if institution: Residence before 13b COUNTY		SINGTON YES		STREET AND NUMBER 3900 MERTE	ORD ST.	
or de co	14.	ATHER'S NAME First	Middle Last		IS. MOTHER'S MAIDEN	NAME First	Middle		Lost
ate be		JOHN	FFORTU		C	HRISTINE		FORT	UNE
firate olege		WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (1) yes give wor	D FORCES?   16b SOCIAL SECURIT	Y NO 17	INFORMANT MRS	CHARLOTTE	Address BAILEY		
certi g ph Then mav		1B. CAUSE OF DEATH (Enter only	ane cause per line for (a) .1b), and	41-		OHANGOT IL	Distant		NATE INTERVAL NSET AND DEATH
ath ndin ii.		PART I. DEATH WAS CAUSED	ane cause per line for (a) (b), and BY:	ne	ia			36	Enzz
atte	L	1000	DUE TO, OR AS A CONSEQUENCE	OF C	<b>-</b>	4		1	0
the the notif		Canditions, if any, which gave inserto immediate couse (a),	(b) accerc	COY	tentru	a 00	orcia	( -	11.0
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican bad campletely filled in by the fuperal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages, and Shauld be filled with the State Dept. of Health prior to burial, cremation, ar remayal, and many event, within 72 hours were death		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	Male	ic Ca.	1160-	parameter and the	6.	200
physical physical signs in purious pur		PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED	TO THE TERMINAL DISE	ASE OR CONDITION GI	VEN IN PART 1(a)		
The law reatending has been is as the h prior ta	TION	190, DATE OF OPERATION 196 CO	ONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b	IF YES, WERE FINDINGS	ONSIDERED IN CE	RTIFYING
The atternation has see as the principle.	CERTIFICATION				YES 🗌	NO CAUS	SES OF DEATH?		
AN: Il ar rate ar us leafit		216. ACCIDENT WAS UNDERLYING CAUSE OF CEATH			HOW INJURY OCCURRED	CEnter noture of in	yury in Part 1 or Part 2,	Item 18.)	
SICK Spite Set fill Set fill	MEDICAL	(If either, notify medical examine	er) P.M.	19					
OR ATTENDING PHYSICIAN be retained by the haspital DIRECTOR: After this cartifica je 3 shauld be detached for je 3 with the State Dept. of He	2	21d INJURY OCCURRED 21e P While Not while at wark	PLACE OF INJURY ( AT HOME FARM, STREET, OFFICE BUILDING, ETC.	PACTORY.) 215.	LOCATION Street or R	RF.D No. CI	ty or Town	County	State
by the fifer per State		22o. I certify that (I) (this	hospital) ottended the decer ve on	sed from_	24/16	, 19 <u>60, 10</u>	1-14-689	, that	(i) (we) last
Ined Ined The August		saw the deceased of couses stated above,	(I) (we) (did) (did not) view th	=19 <i>Zn=7</i> , 0 e bady ofte	nd that in (my) (a r death.	ur) apınıan deatl	accurred on the d	ate ond hour (	and fram the
retorn reform 3 sho		22b SIGNATURE	0.000	177	ATTENDING	MED. DIRECTOR	STAFF [-]	DATE SIGNED	18
N. Ol y be DIR oge filed		22d. PHYSICIAN'S	cover,	DE	PHYS. 22e. ADDRESS	DIRECTOR L	J PHAZ	7 4-	00
O HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 shauld be filed v		-NAME (Type) /chn/	CRODDE	VMI	0 10400	CONNE	revIAL.	EKENS.	ING/ON
O HOS Page o Fun direct	23a	BUR AL, CREMATION, 23b D/			R CREMATORY	23d LOCA	TION (C ty or Town)	(County)	(State)
	24	SURTAC 1/-	19-69 ASH	MENIO.	RIAL CEN	REC'B BY REGISTRAR	25K. REGISTRAR	SIGNATURE	1114.
30M REV.	1	Robert L. Sna	wden Rocker	elle.	Mel. DATI	BANZUM.	369	res jud	ge i



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3
HEALTH DEPT.	CEASED NAME First Middle Lost 20 DATE KNOWN Month Dov	Yeor 2b HOJR
is se to	ype or Print) Eccel Benjamin Colleges DEATH MATED & Jan 12	1969 6 AN
oy is 3 to Poge int of	X 4. RACE   S. DATE OF BIRTH   6. AGE (n. years   if JNDER YEAR   If UNDER 24 HRS   2c. DATE PRONOUNCED DEAD	2d HOUR
deloy and 3 43, Po	Tale le-hite 12/16/12 50 VRS MONTHS DAYS MOURS MIN Month Day Year	10/0 0 20
2, 2 v	IRTHPLACE (Store or foreign 76 CIT.ZEN OF WHAT COUNTRY? 8. MARRIED [] NEVER MARRIED ] 9. COUNTY OF DEATH	14-1 17 18
	(1) ( ) widowed Divorced Thanker eny	44
Poges, Although And Andrews		O OF BUSINESS OR
8 4 7 70	give street address)   during most of warking life, even if retired   INDUSTRY	. , ,
offer di 8 Give olong w with the	USJAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CUTY OR TOWN 13d MISIDE CTY LIMITS? 13e STREET AND NUMBER	e a com
5 / e € 5 c c	mission) STATE I 136 COUNTY / mt f. charlle YES NO D 1425 Transital	CL
them 1 Office I and 2	ATHER'S NAME First Middle LOST IS MOTHER'S MAIDEN NAME First Middle	Anst
4 5 0 0 E	Benjamin J. Calina Mary Maglillere	Buke.
hin 24 ncıl ın niner's pages hours	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT A ADDRESS	-2420
within penal xamine ile paga 72 hou	15. no, or unknown) (If yes give war or dates at source) 2/2-16-50 96 clerife - E va Calforn Aans	as alive
O IT	AP	PROXIMATE INTERVAL
executed inding' in Medical I permit. I	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Carcinama of Left Lung w. Metactisis 8	VEEN ONSET AND DEATH
wed wed per per	DUE TO, OR AS A CONSEQUENCE OF	Moran
be exemple the pending the pen	Conditions, if any, which gave	
	rise to Immediate cause (o).  Storing the underlying couse  (b)  DUE TO, OR AS A CONSEQUENCE OF	
should be to word "pe or the Chief burial-transit	lost.	
certificate shoul writing the wa forwarded to the used os a burial- smoval, ond in ara	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
is certificate to, writing the forwarded to used os a bremoval, and	THE PERMITTER OF CHANGE IN THE PERMITTER OF CHAN	
certification with orward used movel	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20	AUTOPSY?
for for seminary	WAS PERFORMED?	YES   NO 🔏
<u>_</u>	210 EXTERNAL CAUSE WAS 21b FIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)	
	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P M 19	
Sho sho sho sho asho asho asho asho asho	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No City or Yown County	r Stote
EXAMINER: ute the cert oge 4 should your files Poge 3 shou	WHILE NOT WHILE AT WORK AT WORK	
		ıd in my opinion
bical Edical Edi	deoth resulted from Natural causes Accident , Suicide , Homicide Undetermined manner	u iii iiiy opiiiioii
please directoretained DIRECT	CHIEF MEDICAL EXAMINER	
10 to	ACTUAL 226 PATE SIGNED	
TRA Pr	DEDITY MEDITAL EVANIESD PT	1969
O DEPUTY THE FUNETO S may be O FUNERAL Health pri	EXAMINER'S John G. Ball  ADDRESS(Street, city, town, or county)	٠,
the Hee	BJRIAL CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
7	Burial 1-15-69 Laytonsville Laytonsville Mont.	Md.
UM	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REC BY REGISTRAR 5 HIGHAUAR	
VR A15ME IS	ancis H. Barber Laytonsville, Md.	-

MARYLAND STATE DEPARTMENT OF HEALTH



_	1	MARTLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	620
·		01023 CERTIFICATE OF DEATH	020
£ %£		DECEASED NAME First Middle Lost 20 DATE OF DEATH	2b HOUR
eath and eath	(1	Type or print) , / *	Year 🦰
	3. SE		1969 8 A.M
offe e f offe	J. 3E	A A A A A A A A A A A A A A A A A A A	NDER I YEAR IF UNDER 74 HRS
F 512		MALE N=9RO 4-16-1899 189 YRS	
nours after death by the funeral contracter death	70 f	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
4 h	7	MARYLAND (1.5.4. WIDOWED DIVORCED _ MONTGOMERU	h.M.
r leg	10 (	C.TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bospital 120, USUAL OCCUPATION (Kind of work done 112	b KIND OF BUSINESS OR
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician  DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral as should be detached far use as the burial-fransit permit They please remave carbon papes. Pages I and sed with the State Dept. of Health prior to bur al, cremation, a temaval and in any event, within 72 paurs after death			IDUSTRY
f w	13o	S-AL RESIDENCE (Where deceosed lived, if institut on Residence before   13c (ITY OR TOWN   3d INSIDE CITY ON 13e STREET AND NUMBER	
J ver	odm	Ossion) STATE	
Cor cor	_		ue
ind rem	4 1	FATHER'S NAME First Middle Cost IS MOTHER'S MA DEN NAME First Middle	Lost
d cast		CAARLES CAMPBELL UNKNOWN	
are an		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)   (11 yes give wor or doles of service)   16b. SOCIAL SECURITY NO.   17 INFORMANT   Address	
		GEORGE CAmpbell-SON-	SAME
in the second second		18 CAUSE OF DEATH (Enter only one couse per line for (n) (h) and (c))	APPROX MATE INTERVAL
£ 5		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c),) PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cor pulmonale	BETWEEN ONSET AND DEATH
dec minimize		IMMEDIATE CAUSE (o) GOT POLIMOTIALE	
he at		Oue TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove)  (b) Pulmonary emphysema and bronchopneumonia	
# # # # # # # # # # # # # # # # # # #		rise to immediate couse (a).  Pulmonary emphysema and bronchopneumonia	
E S D E S		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
DIRECTOR: After this certificate has been signed by State of a standard physician DIRECTOR: After this certificate has been signed by ele 3 should be detached far use as the burial-trailed with the State Dept. of Health prior to bur al, cre		(c)	
Sign Pur		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(0)	
en e	2		
be the state of th	CAT ON	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSID	ERED IN CERTIFYING
	<u></u>	YESK NO CAUSES OF DEATH?	
us us	CENTIF	210 ACCIDENT WAS UNDERLYING 12th TIME OF INJURY 12th HOW INJURY OCCURRED. (Fater paties of injury in Part 1 or Part 2 thorn	181
で存在来	Ŋ	I □ DR CONTRIBUTING □ CAUSE OF DEATH   HOUR A.M. Month Doy Yeor	
t a	MEDICAL		
is de la company		21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town Coll World C	unty State
E e e		OI WORK OI WORK	
State		22a. I certify that (I) (this haspital) attended the deceased from	that (I) (we) last
he he		saw the deceased alive an	nd haur and from the
후 <b>5</b> 호루			201120
3.5 × × × × × × × × × × × × × × × × × × ×		ATTENDING IZ MED. IT STAFF	SIGNED
2 8 <u>2</u>		DEGREE PHYS. DIRECTOR PHYS.	
ro FUNERAL of Fundy director, pog should be fill		22d. PHYSICIAN'S NAME (Type) - 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2	
Page 4 may be retained by the haspital ar attending  TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to		- WOHL DEVIN	
Don Don	230	BURNAL (REMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (Co	unty) (State),
5 5 T	6	PREMOVALISPECTED 1-13-1969 Lincoln PARK CEM, ROCKVIlle, Mon	Jan Md.
VR ALL VAN		EJMERAL DIRECTOR 25 ADDRESS 25 AND BY THE STREET REGISTRAKY SNEW	AUL EI
45M \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	K	Robert L. Snowden Korkwelle MAII	



	1			ID STATE DEPARTMENT OF I 301 W. PRESTON STREET, BALT		
		01020		CERTIFICATE OF DEATH		1021
1 2 62	1. D	CEASED NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOURP
nin 24 hours after death. filled in by the funeral papers. Pages 1 and 2 thin 72 hours after death.	(1	ype or print) James	Thomas	Cantrell	January Poy	1969 3:30 M
ter of turns of turns of turns of the fifter	3 \$1	**	4. RACE	S. DATE OF BIRTH	6. AGE (In years lost byrthday)	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
s af the 'age rs a	L	Male	White	15 March 19	1.0 52" YRS.	
s. Four		SIRTHPLACE (State or foreign outh Carolina	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Ped III			USA	WIDOWED DIVORCED	Montgomery AL OCCUPATION (Kind of work done	Md.
within 24 born gape	E	ITY OR TOWN OF DEATH Sethesda	give strandre@lini	cal Center FTTT	the station atth.	125. KIND OF BUSINESS OR INDUSTRY
EHYSICIAM: The law requires that the death certificate be executed within 24 hours after death e hospital ar attending physician. The hospital are attending physician and completely filled in by the funeral stacked for use as the burial-transit permit. Then process remave carboth appers. Pages 1 and 2 Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death	13o. odm	USUAL RESIDENCE (Where deceoses South Carolina	ed lived, if astitution. Residence before    )3bSpartansburg	13c. CITY OR TOWN 13d INSIDE CITY IS Spartanburg YES IN N	ise street and number  Rt. 6, Fairv	iew Road
ond conditions	14.	FATHER S NAME FIRST	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
a pe		Leander	Cantrel		· ·	Page
ertificate be chysician o en valease noval, and in	160	WAS DECEASED EVER IN U.S. ARA			ical Records Address	- 3 - 363 - 0003 }-
# \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		es, no or unknown) (If yes give w	247-28-1		enter, NIH, Bethe	ADDRAYING IT INTOVA
ath ce nding it. Th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIA	ly ane couse per line for (a) (b), and (c) BY.  Massive as	depiration of vomitu	s	15 Minutes
ne death attendi permit. ion, ar r		2001	DUE TO, OR AS A CONSEQUENCE OF			0.111
t the		Conditions, if any, which gave to immediate cause (a), (	(b) Pan-lobar	pneumonia		2 Weeks
equires that the death or physician. signed by the attending burial-transit permit. The		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF Lymphosarc	coma		6 Months
requir g phys r signe e buric		PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
law ndin beer s the	NOL	196, DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	RFORMED 20o. AUTOPSY?	206 IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIFYING
he attel	CERTIFICATION			YES 🔀 NO 🗆	CAUSES OF DEATH? Yes	
are are eaft		210. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY		er nature of injury in Part 1 or Port 2, I	
Pital Pita Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital P	MEDICAL	OR CONTRIBUTING CAJSE OF DEAT	ner) P.M.	9		
THYS ne hosporte the certain centre that centre the Dept.	¥	While Not while		CTORY.) 23f LOCATION Street or R.F.D. No.		County State
ING yy ti ter tate tate	Н	22a. I certify that (K) (th	is haspital) attended the deceas	ed from 16 Dec 1969 1969, and that in (36%) (our) ap	0 , ta L Jan. , 19	og_, that (1) (we) last
END led I	1	saw the deceased a	dive on L January e, (M (We) (did) (did (did ) view the	19 <u>09</u> , and that in (26%) (our) ap	inian death accurred an the da	te and havr and tram the
E i i i i i i i i i i i i i i i i i i i	L	22b. SIGNATURE	(4, My (Wa) (and) (and more) view inc	,		DATE SIGNED
OR John Street	П	( JH	Promen TITA	DEGREE PHYS.	MED. STAFF 🚾 2	January 1969
may b RAL D r, pogo		22d. PHYSICIAN S NAME (Type) C. F	H. Brown, III, M.	D.   22e. ADDRESS The Institutes	clinical Center, of Health, Bethe	National sda, Md. 20014
TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filled with the State Dept. af Health priar to burial, creasingly.	230	BUR AL, (REMATION, 23b REMOVAL (Specify) 1		CEMETERY OR CREMATORY Ighill Mem. Gard	23d. LOCATION (City or Town par ens, Chesnee,	rtansbutte Co S. Carolin
		FUNERAL DIRECTOR		sconsin Aver MA	BY REGISTRAR 25b. REGISTRAR S	
VR A15 (4) 30M REV. 1/68		ROBURT A. PU	MPHREY, Betheso	la, Marylandont	0 1969 July	tes insist

74 r<sub>d</sub>

	1	MAKTCAND STATE DEPARTMENT OF HEALTH
and the same of th	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	П	CERTIFICATE OF DEATH
5 2 -	1.0	DECEASED-NAME First Middle Jost 20. DATE OF DEATH 2b. HOUR
death. nera! and 2 death		Type or print) MARY C.A.T. HERINE CARMODI Manth Doy Year o 7250
er deal funera   and		THE STATE OF THE S
	3 5	EX S. DATE OF BIRTH 6 AGE for years 1 FUNDER YEAR IF UNDER 24 HRS  - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
S (=(8) S)		7 = M H 10 W 1 7 8 YRS
- 10 Sa - 10		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
d in pers	COL	Mont 9= Wire mo
in Span	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
OR ATTENDING PHYSICIAN: The law requires that the death tentificate be executed within 24 hours after death be retained by the haspital ar attending physician.  NRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e. 3 shauld be detached far use as the burial-transit permit. They please remave carban papers. Proper I and 2 et 3 shauld be detached far use as the burial-transit permit. They please remave carban papers.		Kenstug town give street address) Le NS, N'es Tone gods 2 during most as working life, events (et red) INOUSTRY
ed cor cor ent,	130	LSLAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITE/OR TOWN) 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
da d		wash. D. YES ND 1406 Allison St. N.W.
exe	14.	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
be and in a		John Mc Grath Mary Carmody
milicate by physician physician eer please aval, and a	160	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SEGIRITY NO   17 INFORMANT Address
		Yes, na 8 unknown) (Il yes give war or doles of service) 577-62-1457 Clist x-t.
th certific		
五 起		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  ONE of the cause of the caus
e death affend, permit		IMMEDIATE CAUSE (0) The Mous
of of of	1	DUE TO, OR AS A CONSEQUENCE OF
t the		Rise to immediate couse (a).
than the ran ran ran ran		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
es sicic ed ed-t		lost. (c)
equires that the physician. signed by the burial-transit (burial-transit)		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1(a)
ing in series		Celebral Thromhoses
nding s	12	190_DATE OF OPERATION 196, COND. FION FOR WHIGH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
he atte	CERTIFICATION	More Ves NO NO CAUSES OF DEATH?
ar se de se	1 2	25g ACCIDENT WAS LIABLED TIME OF INVIEW 7/6 . TOT HOW INVIEW OCCUPATION (Settle Palves of Journal of Deed 2 Jan 193
Figure He He		OR CONTRIBUTING CAUSSION BEATING HOUR A.M. Month Day Year C
SIC Spit Spit ed ed ed	MEDICAL	[If either, notify medical examiner] P.M 19
HY bach ach ept	1	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT MOME, FARM STREET FACTORY.)  21f. LOCATION Street or R.F.D. No City or Town County Store  While Not while The County Store  Not while The County Store  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT MOME, FARM STREET FACTORY.)  21f. LOCATION Street or R.F.D. No City or Town County  Store
the det		at work of work of the
train by state of the state of	1	22a I certify that (I) (this haspital) ottended the deceased from saw the deceased alive on Alac 1967, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
Page Page Page Page Page Page Page Page		saw the deceased alive on 14 14 1967, and that in (my) (our) opinion death accurred on the date and hour and fram the
S S S S S S S S S S S S S S S S S S S		
A A A S S S S S S S S S S S S S S S S S		226 SIGNATURE ATTENDING TO MED STAFF 120 DATE SIGNED
D S P P P P P P P P P P P P P P P P P P		16 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
AL AL Page e fige	1	PHYSICAN'S NAME (Type) James M. Loftus  22e ADDRESS 5115 Conn. Ave. N.W.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death rentification and be retained by the haspital at attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 shauld be detached for use as the burial-transit permit. There poshould be filed with the State Dept. af Health prior to burial, cremation, ar remaval.		Jan Jims House
HO Be rect	230	BUR AL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stole)
5 ° 9 ° 9 ° 8		REMOVA [Specify] 1/17/69 Arlington National Cem. Ft. Myer, a.
	24.	FUNERAL DIRECTOR The S. H. Hines Commission 250 RECUBY REGISTRAR 256 REGISTRAR'S SIGNATURE
VR A15 (4) 45M 1/69		FUNERAL DIRECTOR The S.H. Hines Common D.C. 250 RECD BY REGISTRAR 256 REGISTRAR 2 SIGNATURE DATE JAN 17 1969





	1		LAND STATE DEPARTMENT OF		
3/	£ 7	1020 DIVISION OF VITAL RECO	RDS, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
, , ,		A. 17 No. 17	CERTIFICATE OF DEATH		01024
4 _ 24		CEASED-NAME First Middle	Lost	20. PAYE OF DEATH	2b. HOUR
death. heral and 2 death.	(1	(pe or print) Agatina	Cerra	Tow Manth 30 Doy	69001 6A.M
	3. SE		5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
a de la companya de l		Female White	21 Augu 5	Inst Authdry)	MONTHS DAYS HOURS MIN.
by Mannes	70 5	IRTHPLACE (Stote or foreign   75 CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
ha ba	COUL	m)	8. MARRIED NEVER MARRIED		
alled 72	10.0		WIDOWED X DIVORCED	MENTGEMERY	Md.
A Supplied to	10. 0	TY OR TOWN OF DEATH  1) NAME OF HOSPITAL  GIVE street address)	OR INSTITUTION (If not in hospital 120. US	UAL OCCUPATION (Kind of work done most of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
	(a)			most of working life, even if retired )	
plet corr	13a	USUAL RESIDENCE (Where deceased lived, if institution Residence by	Vec 🗔		
cet see	Justin	Maryland Montgomery	Silver Spring YES #	<sup>№</sup> 2405 Hermit	age Ave.,
ony	14. F	ATHER'S NAME First Middle	LOST IS MOTHER'S MAIDEN NAME	First Middle	Lost
tt the death certificate be executed verte and the attending physician and camplet ist permit. Then please remove car mation, ar removal, and in any event,	Ι,	DALVATORE GUIFFREDA	MARIA Li	PARI	
ste cior anc	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SEC	URITY NO 17 INFORMANT	Address	
iffice pd ( )	ľ	rs, nara unknown) (If yes give war ar dates of service) 215-52	-5249 JOHN B. CERRA	Babel ante	ABOVE
cert p pl		1B. CAUSE OF DEATH (Enter only one cause per line for (e) (b), a	and (c))		APPROXIMATE INTERVAL
中 是 。	Ш	PART I. DEATH WAS CAUSED BY:	(1)		BETWEEN ONSET AND DEATH
ded militen ar		1/2 / O IMMEDIATE CAUSE (o)			
pel ion	ш	Conditions, if any, which gove	CE OF	•	
the the	l	rise to immediate couse (o), (b)	leur selevo	7	
the by cress		stoting the underlying couse DUE TO, OR AS A CONSEQUEN	ICE OF		
res sici ped ial-i	l I	<u>iost.</u> (c)	a coron		
requires that the death certificate be executed very physician.  I signed by the attending physician and camplest burial-transit permit. Then please remove cart a burial, cremation, ar removal, and in any event,	Ш	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART I(a)	
en ing re	z	Vineral 4	racting		
A sing be a give	ATIC	190 DATE OF OPERATION 199 CONDITION FOR WHICH OPERATION	NAS PERFORMED / 20a. AUTOPSY?	20b IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
The atter has be compared by the compared by t	CERTIFICATION		YES NO	CAUSES OF DEATH?	
ar ar us		210 ACCIDENT WAS UNDERLYING 216. TIME OF INIURY	27c HOW INJURY OCCURRED (En	ter nature of injury in Part 1 or Part 2,	Item 1B.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day (If either, natify medical examiner)	Yeor 19		
rsp asp cert hed hed	AF.	21d NJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM ST		to. City or Town	County State
PHYSICIAN; te haspital ar his certificate efached far u Dept. af Hea		771110	TC.		'
t t t t t t t t t t t t t t t t t t t		22c Leastifu that (1) (this hasnital) attended the de	senarad from 10	6/10 Strn30 10	69 that (I) (wa) last
After Page 25.		22a. I certify that (I) (this haspital) attended the disaw the deceased arive an	19 6 7, and that in (my) (qui) a	pinion death accurred on the do	nte and hour and from the
TENDING ined by th DR: After t auld be d the State		causes stated above, (I) (we) (did) (did not) view	v the bady after death	priyitan avanipation of an into ac	no due man and man
She distriction		22b SIGNATURE	TALL DIVIDING		DATE SIGNED
OR COR		My dufaliano.	DEGREE PHYS	DIRECTOR D STAFF	2n30,69
		22d. PHYSICIAN'S O /	22e. ADDRESS	- 0 -	
m mg KA		NAME (Type) RUSSELL BUFALINO	1429 Uviv.	BLUD W. SILVER SA	EING MO.
Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the burial of the state Dept.	230		ME OF CEMETERY OR CREMATORY	23d (OCATION (City or Town)	(County) (State)
Pag Pag dire	200.		MT. OLIVET	MASIL'ALGTON	Se.
F F	24	FUNERAL DIRECTOR PINGLED FONERAL HOME AS		BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
VR A15 (4) 30M REV, 1/68	P. 7.				relas Credet
		400 GEORGIA Are. NW. DE 20	DAIL	7	



34	Ttoms 22 18 Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	DECEASED NAME   First   Middle   Lost   20 DATE KNOWN   Month Doy 1 Year   25 HOUR   (Type or Print)   Table   Tabl
3 to Page ent of	Linora J. Clark DEATH MATED X Jan 22 1960 M
any deloy is 10, 2, and 3 to n PM3. Page	3 SEX female White Nov. 22, 1935 3 VRS. IF UNDER 1 VEAR IF JNDER 24 HRS 20 DATE PRONOUNCED DEAD NOW. 25 Year 19 69 Lisa Am
	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH  COUNTRY) Kentucky U.S.A. WIDOWED DIVORCED DIVORCED WIDOWED WIDOWED WIDOWED WIDOWED DIVORCED DIV
Pages 1.	
न न	10. CITY OR TOWN OF DEATH ROCKVILLE  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if refired)  12a. USUAL OCCUPATION (Kind of work dane during most of working life, even if refired)  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if refired)  12b. KIND OF BUSINESS OR HOUSEWIFE
offer along deoth.	13a USUAL RESIDENCE (Where decessed lived, if institution, Residence before 13c CITY OR TOWN admission) STATE Md. 13b. COUNTY Mont. 13c STREET AND NUMBER 742 Beall Avenue
× = 0	7/2 20022 1770000
	7 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
nc.L in I nner's poges I hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 1.7. INFORMANT ADDRESS
vithe amir e po	(Yes No or unknown) (If yes give wor or doies of service) Robert P. Clark - husband - same item #1
be executed wit "pending" in perief Medicol Exan onsit permit. File event within 72	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART I DEATH WAS CAUSED BY.  Multiple severe head and brain
xecuted nding" H Medicol   permit.	TAGE AJSE (a) PROTECTOR SEVERE REAL AND STATE OF
be e "per iief / insit ever	(Conditions, if ony, which gave) lacerations inflicted with a
ould word he Ch ial-tro any	rise to immediate cause (a), (a) of the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF B' arp instrument
should be e ne word "pen to the Chief A burial-tronsit I in any even	last (c)
icote ng th ded 1 as o	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
his certifiate, writine forwar	196. COND.T.ON FOR WHICH OPERATION 196. COND.T.ON FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO  210 EXTERNA. CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter, nature of miner in Port. 2, Item 183
P e e e e	YES NO [
	210 EXTERNA. CAUSE WAS  210 TIME OF INJURY Month, Day Year  211. HOW INJURY OCCURRED (Internature of Injury in Part or Part of
	21, 22, 101, 111, 111, 111, 111, 111, 11
XAN te the the the the the the the the the t	White NOT WH. E AT WORK AT WORK of factory, office building, efc) Home 542 Beall Ave. Rockville Monts Md.
ECAL E. executor. Popel for CTOR: Fouriel, burriel,	22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry on and in my opinion
se externation bed by buy	death resulted from. Natural causes Accident , Suicide , Homicide , Undetermined manner
pleose I d'recto retoiner L DIREC	ACTUAL CHIEF MEDICAL EXAMINER
EPUTY ssory, ple funerol d' oy be reto NERAL DI th prior	SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	NAME (Type) EELDEN A, PETP M. D. ADDRESSET SECURITY TO THE SECONTY)
10 T	230 B.RIAL (REMATION 23b DATE 23c NAME OF (EMETHY OR (REMATORY DIVERT) Name of (Gounty), K (Stote) Maysville, Mason, Kentuck
VR A15ME [5]	Tyson Wheeler Funeral Home 1331 Rock.Pike 250 RECD BY REGISTRISS SIGNATURE
10M REV 1/68	Rockville, Maryland



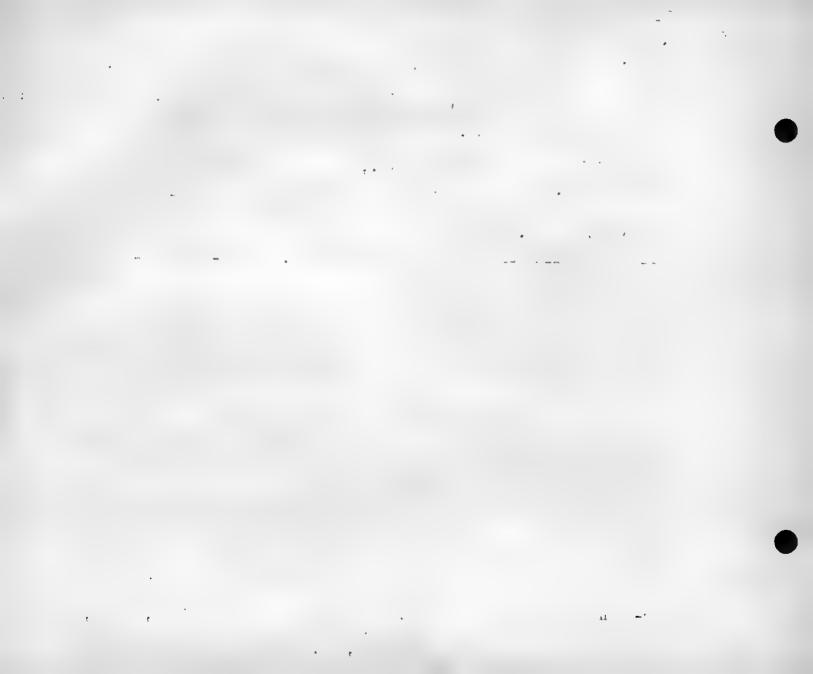
EDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (ED J 'NU First Middle 20 DATE KNOWN Month Doy 54 Year 26. HOUR M3. Page s upe or Print)-ESTI-Robert Clark 1969 Franklin Jm. 23 DEATH MATED F UNDER 1 YEAR IF JNDER 24 HRS 6 AGE ( n years 3 SEX 4 RACE S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR rast (mythday) HOURS jan 7,1961 Jan Doy Ma le White 1069 11:4 YRS 7a. BIRTHPLACE (State or fore an 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) North Carolina Usa WIDOWED [ DIVORCED [ Montgomery 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12e USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life even if retired) INDUSTRY gweustreet Bedress 11 Rockville Ave. 130. USUAL RES DENCE (Wappe deceosed I ved, if institution Residence before 13c. C. TY OR TOWN odmiss on) STATE Md. 13b (OUNTY MONT. 13d MSIDE CTY JAIJIS2 13e SIRFET AND NUMBER 542-Beall Avenue YES IX NO [ ofter 4 FATHERS NAME Middle IS MOTHER'S MAIDEN NAME LOST. Middle Lost Robert P. Clark Elnora Wallingford hours .⊆ 160 WAS DECEASED EVER IN U.S. ARMED EORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT pencil (Yes, no, or unknown) ill ves give war or dates at service! Robert P. Clark-father-same iitem APPROX MATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART! DEATH WAS CAUSED BY Asphyxiation due to strangulation IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF with neckerchief Conditions, if only, which gove rise to immediate couse (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6) 0 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? execute the certificate. NO 🗀 21c HOW IN.JRY OCCURRED (Enter notice of injury in Part 1 or Post 2, Item 18)
Deceased assaulted by older brother who strangled him. 210 EXTERNAL CAUSE WAS 215. TIME OF INJURY Month, Doy, Year OFIG PRIMARY X OR CONTRIBUTING COHOUR AM. GAI cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21f, LOCATION Street or R.F.D. No. 21e PLACE OF IN. JRY (At home, form, street, City or Town COURTY State foctory, office building, etc.) WHILE NOT WHILE X 342 Beall Ave. Montg Md. Home Rockville 220. I certify that I took charge of the remains described obove, held on Autoosv Inspection . Inquiry 📈 ond in my opinion Homicide X Notural causes Accident 2 Suicide Undetermined monher deoth resulted from. CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE DEPUT DEPUTY) MEDICAL EXAMINER **EXAMINER** Health NAME (Type) ADDRESS SYSTEM AN town 101 county) the 0 23g BURIAL CREMATION BURINGVENISE t 23d LOCATION (City or Town) (County) (Maysville, Mason, 23c NAME OF CEMPTERY OF CREMATORY
Olivet Cemetery Tyson Wheeler Funeral Home 1331 Rockville Pakel 24 FUNERAL DIRECTOR 2So. REC D BY REGISTRAR VR A15ME (5) 10M REV 176 Rocykeille. Md.

HIS IM409MAKTLANU STATE DEPAKIMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED NAME First 2a DATE KNOWN Month Year (Type or Print) OF FSTI Jan. Clark C. Poge Roberta DEATH MATED 4 RACE 6 AGÉ (In years IF UNDER 1 YEAR 3 SEX IE LINDER 24 HRS 2c DATE PRONOUNCED DEAD 5 DATE OF BIRTH , 69 HOURS Month Jan. White Female March 17, 1955 7o BiRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9. COUNTY OF DEATH Montgomery U.S.A. WIDOWED [ DIVORCED [ Kentucky 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR g ve street address) Ave.. during mest of working life, even if retired) INDUSTRY Rockville 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c City OR TOWN 1119 Mantgomery Rockville 13d INSIDE CITY EARITS? 13e. STREET AND NUMBER 542-Beall Avenue YES Y NO offer puo 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME M dale allingford Elnora P. Clark Rebert pencil 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS be executed within (Yes, no. or unknown). (Lives give wor or dates of service) Robert Pa Clark - father - same item #13 File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Multiple severe head and brain IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, Lony, which gave lacerations inflicted with a sharp nse to immediate couse (a) instrumen' DUE TO, OR AS A CONSEQUENCE OF storing the underlying cause .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 190 DATE OF OPERATION 196 COND TON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO T 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW IN JRY OCCURRED (Enter nature of injury a Part 1 or Part 2 trem 18)
Deceased assaulted With natchet PRIMARY [X] OR CONTR BUTING [ CAUSE OF DEATH brother. 21f LOCATION Street at R.F.D. Na 21e PLACE OF INJURY (At hame, form, street, City or Town Caunty State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 542 Beall Ave. Rockville Montg. Md. 220. I certify that I taak charge of the remains described above, held an Autapsy 100 Inspection 🔀 and in my opinion Undetermined monner deoth resulted from: Natural causes Acc dent Suicide Homicide X please CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER 5 may 10 FUNE Health **EXAMINER'S** Prieer? city frayo, or county) NAME (Type) 23c NAME OF COMETERY OR CREMATORY 23a BURIAL CREMATION 23d. LOCATION (City or Town) (County) (State) Olivet Cemetery Kentuck; Maysville, Mason, 135 Rockville Piker By REGISTRAR 24 FUNERAL D.RECTOR 25b REGISTRAR S SIGNATURE Tyson Wheeler uneral Home VR A15ME [5] Rockville, Md. 10M REV 1768

| - クラ」 〒 | 1 m4() 9MAKTLAND STATE DEPARTMENT OF MEALTH



400 MAKTLAND STATE DEPARTMENT OF HEALTH DIVÍSION OF VITÁL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED WAME Excst Middle. 2n DATE KNOWN Yeor 60 2b HOUR (Type or Print) Clark ESTI-R. Susan \*Page DEATH MATED delay and 3 4 RACE IF UNGER 1 YEAR S. DATE OF BIRTH 6 AGE (In years IF JINDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX 2d HOUR Feb 28,1958 Female White 1969 11:4 Jan. 76 CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or fareign MARRIED | INEVER MARRIED 9 COUNTY OF DEATH country) Virginia Montgomery U.S.A. WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Rockville during most of working life even if retired ) INDUSTRY 542 Beall Ave. . <u>S</u> 13d ONSIDE CITY JANUTS? 13e. STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13p. CITY OR TOWN admission) STATE Md. 13b COUNTY MONT. 542-Reall Avenue YES TO NO T l and 2 14. FATHER'S NAME Middle last IS. MOTHER'S MAIDEN NAME First Middle Elnora Wallingford Robert P. Clark haurs 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) Robert P. Clark-father-same item #13 within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN CHISET AND DEATH PART I DEATH WAS CAUSED BY Multiple severe head and brain IMMEDIATE CAUSE (a)\_\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any which gave ! lacerations inflicted with a sharp use to immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF instrument certificate should stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 20 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? NO [ 210 EXTERNAL CAUSE WAS 2 b T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port for Port 2 Item 181 3 should PRIMARY [X] OR CONTRIBLTING eceased brother. CAUSE OF DEATH 21d NURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Tawn (gunty Stote factory, office building, etc.) WHILE AT WORK AT WORK AT WORK Md. 542 Beall Ave. Rockville Montg. pleose execute moy be retoined far y FUNERAL DIRECTOR: P 220. I certify that Ltoak charge of the remains described above, held an Autapsy XI, Inspection IX and in my opinion Inquiry by Natural causes Accudent A Undetermined manner death resulted from Surcide . Homicide X CHIEF MEDICAL FXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ... DEPUTY MEDICAT EXAMINER **EXAMINER'S** 5 moy TO FUNE Health NAME (Type) 23d LOCATION (City or Town) 23o BUR AL CREMATION. 23b DATE (County) 1/31/69 Maysville, Mason, Kentucky Olivet Cemetery 1 500 BS Rockville Pake D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home Rockville, MaryDana VR A15ME (5) Ullianter Les 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  $\pm$   $\odot$  2  $\odot$ 01034 CERTIFICATE OF DEATH 2b. HOURM 1. DECEASED NAME Middle Lost 2a. DATE OF DEATH TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove servicen pages. Pages 1 and 2 shauld be filed with the State Dept of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death. within 24 haurs after death (Type or print) Month Patricia Suzanne Coldren January 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost birthday) White 22 May 1951 Female YRS. 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED **9 COUNTY OF DEATH** WIDOWED | DIVORCED [ USA Pennsylvania Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Bethesda give street oddress)
The Clinical Center, NTH

13a. USUAL RESIDENCE (Where deceosed lived, if institution Residence before | 13c. CITY OR TOWN during most of working life, even if retired )
Student 13e. STREET AND NUMBER requires that the death certificate be executed 13d INSIDE CITY LIMITS? odmission STATE Pennsylvania 13b. COUNTY YES IS 423 North Brobst Street Shillington 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Lost Coldren Nitzi Yerger Richard L. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Bethesda, Maryland Address Yes po, or unknown) (if yes give wor or dates of service) The Medical Records, The Clinical Center Not Available 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c))

PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (o) Bilateral BETWEEN ONSET AND DEATH Bilateral pneumonia due to pseudomonas days gastric and duodenal ulcers DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave ) Massive gastrointestinal hemorrhage from 1 week rise to immediate cause (a), lungs, liver, peritoneum DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying causes (c) Carcinoma of the left adrenal metastatic to/ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1(0) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES X Yes 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH
(If either, notify medical examiner) HOUR A.M. Manth Day Year 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from 26 Dec. , 1968, ta 20 Jan. , 1969, that (# (we) last saw the deceased alive on 20 January 1969, and that in (1) (aur) apinion death accurred an the date and haur and from the causes stated abave XXX (vice) (did) (2012 2002) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED PHYS Danuary 21, 1969 MED.
DIRECTOR **ATTENDING** 220 ADDRESS The Clinical Center, National 22d PHYSICIAN'S NAME (Type) Peter J. Deckers. M.D. Institutes of Health, Rethesda, Md. 20014 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BURIAL, CREMATION 23b, DATE (County) REMOVAL (Specify) 1969 REGENERAL BERK Exeter Township Berks, Pa Formest Hills 250. REC'D BY REGISTRAR DATE JAN 24 24. FUNERAL DIRECTOR Wisconsin Ave VR A15 (4) 30M REV 1/68 Robert Pumphrey Bothesda, Md

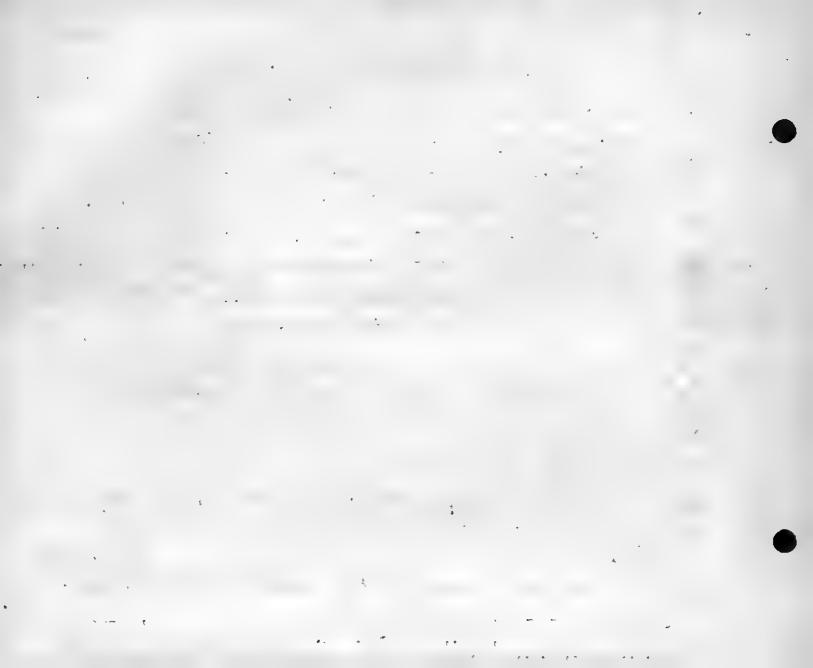




	1			D STATE DEPARTMENT OF		
\ 1	П	2440		301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201 🕝	1031
V		11030		CERTIFICATE OF DEATH	·	11037
× ≠ _~≠		ECEASED-NAME First	Middle	Lost	2g. DATE OF DEATH	2b. HOUR
death.	(	Type or print) TR PALP	0	Collins	Mogeth Day	Voor NA
2 2 2	3 5		4 RACE	S. DATE OF BIRTH	1 33	IF UNDER 1 YEAR IF UNDER 24 HRS
offee of the		Fa. 1.	112 0210			IF UNDER 1 YEAR   (F UNDER 24 HRS ONL)   DAYS HOURS   MIN.
STILL THE STILL ST	7.	remare	white	9-30-1	BBB 300 YRS.	
4 hours after death  party the funeral  ers Pages 1 and 2  rouns after death	70	BIRTHP ACE (State or foreign 7b	. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
72 dd 24		MARYLAND	US	WIDOWED DIVORCED	MONTGOMER	RY Md
within 24 hours after death tell filled to by the funeral bon popers. Pages 1 and 2 with in 72 thours after death	10.	CITY OR TOWN OF DEATH	1 NAME OF HOSPITAL OR IN:		IAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
Sietell T		Mout Ca. Md.	give street address)		rast of warking life, even if retired)	INDUSTRY
	13a	USUAL RES DENCE (Where deceased	lived, if institution Residence before	13c CITY OR TOWN 13d NSIDE CITY		
consisted within 2	adrr	ISSION) STATE	13b. COUNTY MAIN TORMODE	CADDOH PL YEST	10 11123 Kakonhu	. Alle
X O A	14	FATHER'S NAME First	/) Middle cast/	IS MOTHER'S MAIDEN NAME	First Middle d	1000
and rem	1	1.1.1.1.1.1	LA CONTRACTOR		r D / Middle	D Lost M
rian referse and H		MAS DEFEASED EVED IN A ADMED	FORCES? 166 SOCIAL SECURITY /	10 117 NEODINAIR	ind Hoberto	1 Connelle
Sici		WAS DECEASED EVER IN 45. ARMED	r dates of service)	10. 17 INFORMANT	Address	, 0
equires that the death certificate be exemply physicion. signed by the ottending physician and co burial-tronsit permit. Then please rema burial, cremation, or removal, and in ony	-	710	- 1218-05	264771184 STREET L	14.11aRd Sa	me as above
ne death cei ottending p permit. The		18. CAUSE OF DEATH (Enter only o	one cause per line far (a), (b), and (c)		4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death ottendi permit. ion, or r		PART I DEATH WAS CAUSED B	CAUSE (a) Cirtur	rollrodic Teart	anuse.	6 us
otte otte on,		4123	DUE TO, OR AS A CONSEQUENCE OF			
t the		Conditions, if any, which gave )	(b) genera	loved arteriorel	erais	6 yrs.
hot n. yy t ons		r se ta immediate cause (a) ( stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF			
2 S S S S S S S S S S S S S S S S S S S		last.	(4)	9		
equires that the physicion. Signed by the burial-tronsit burial, cremat		PART 2 OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT ME	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION CHIEN IN DADT 1/-3	
g p g p g p g p g p g p g p g p g p g p		The state of the s	TOTAL CONTINUOUS TO DENT! DO! AT	THE TENNINAL DISEASE OF	CONDITION SIVEN IN PART 1(B)	
din din hr	Š	190 DATE OF OPERATION 196 COM	NDITION FOR WHICH OPERATION WAS PE	CORNED DO NITODO		
The low requires the attending physicion. has been signed by se as the burial-troith prior to burial, cre	13	THE COL	ADITION FOR WINCH OPERATION WAS PEL		20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercted be retained by the hospital or attending physicion.  INECTOR: After this certificate has been signed by the ottending physician and complete 3 should be detached for use os the burial-tronsit permit. Then please remove contact with the State Dept. of Health prior to burial, cremation, or removal, and in any even	CERTIFICATION	OL - ACCIDENT MARK HARDEN VINO		YES NO		
AN SI O	3	21g ACCIDENT WAS UNDERLYING CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M. Month Day Year	21c HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2, Ite	m 18.)
D 有 相 是 是	3	(If either, notify medical exominer)				
OR ATTENDING PHYSICIAL be retained by the hospital DIRECTOR: After this certific pe 3 should be detoched fo ed with the State Dept. of H	至	21d. INJURY OCCURRED 21e. PLA	ACE OF INJURY ( AT HOME, FARM, STREET FAC	TORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
this De		While Mot while at work			1-	
ING by f ter tate	1	22a. I certify that (1) (this I	haspital) attended the decease	d from 1958 19	ta rucci 19	, that(1))(we) last
Af A		saw the deceased alive	an Zo Jan 1	969, and that in (my) (our) ap	inian death occurred an the date	and haur and from the
OR of the		causes stated abave (()	) (we) did (aid not) view the l	pady after death		•
With Section 1	1	22b. SIGNATURA	LUZZARU LAS	ATTENDING -	MED STAFF 22c DA	TE SIGNED
Doll be ed		(turita)	C Ceramic of M	DEGREE PHYS	MED STAFF DIRECTOR PHYS. D ZZ	Jun 67
AL MAL		22d. PHYSICIANS	Dird Karan	1 JR 220. ADDRESS 3152 8	2. + 56 / Tu	Ibal Daz
SPI Pr. 44 m		NAME (Type) CHA	MAES UNEKERI	/ JRL 3752 6	sental of non W	WAN - DC. CEOO /
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to	230	BURIAL, CREMATION, 23b. DAT	E J 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION (City or Town)	(Cgunty) (State)
55 5 2 2 2		REMOVAL (Specify) AL () A	N. 25.69 Gate	of Heaven Cen	Wheaton, mon	t.G. my
	24	FUNERAL DIRECTOR	// ADDRESS	MAI AND	BY REGISTRAR   256 REGISTRAR S SH	GNATURE
VR A15 (4)\(\) 45M \cdot 1/69	1	HI Will INE	Vol 2222Wiss	ww 15W. DATE 4 IN	2 4 1969 Jellone	as judge
		Annual Control of the				(/ 1/



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0103. 01032 CERTIFICATE OF DEATH and completely filled in by the funeral emave carban papers. Pages 1 and 2 emave within 72 hours after death. DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR death (Type or print) Month JAMES STANLEY CONRAD January execuyed within 24 haurs after 3. SEX 4. RACE 6. AGE (In years IF UNDER I YEAR S. DATE OF BIRTH DAYS last birthday) MONTHS PALICH 7/16/06 White Male 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED 1 DIVORCED [ USA Montgomery Penna. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR give street address) during most of working life, even if retired ) INDUSTRY please remave carban Silver Spring Holy Cross Hospital Plasterer Building 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 135. COUNTY YES NO Wheaton 2302 Dalewood Dr Montgomery Maryland and in any 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Elizabeth Hummer Stanley Conrad James\_ the attending physician isit permit. Then please 17 INFORMANT Wife. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO Address Yes, na, or unknown) (If yes give wor or dates of service) signed by the attending physiburial-transit permit. Then pleared, cremation, or removal, 175-05-0393 Frances I. Conrad 12302 Dalewood Dr. Whtn. M 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) tracerebellar Remorrhage Hemisphers PART I. DEATH WAS CAUSED BY Centerenseleroses Conditions, if ony, which gave a rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART THE SIGNEY CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) **ECTOR:** After this certificate has been 3 should be detached far use as the 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 205 YES, WEW FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🗔 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No. 21d. INJURY OCCURRED City or Tawn County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceosed fram 12. 30. , 19.57., ta 1.4. , 19.64., that (I) (mr) lost sow the deceosed olive on 19.64., and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated abave, (1) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c DATE SIGNED DEGREE 22d. PHYSICIAN S NAME (Type EDWARD S. WITOWSKI BETHESDA MARYLAND 20014 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (State) Md. 23a BURIAL, CREMATION 23b. DATE (County) RIMOVA (Specify) Burial Fort Lincoln Cemetery Volmar Manor, Prince Georges 6 25b. REGISTRAR S SIGNATURE 24 JUNEAU DRECTOR Gawler's Sons, Inc., 5130 Wisc. Ave. N.W. Wash. D.C. 20016



-1 1		MARYLAND STATE DEPARTMENT OF HEALTH	
EOD STATE		0103 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	333
HEALTH DEPT.	1. D	ECFASED-NAME   First , Middle Lost 20 DATE KNOWN   Month D.	
222	-{	Type or Print) Touc Lano Contan 30 DEATH MATED & JON.	100
delay	3 S	EX / 4 RACE / S DATE OF BIRTH 6 AGE (In years I F UNDER ) YEAR / F UNDER 24 HRS 2c DATE PRONDUNCED DEAD	2d HOURD
P a d	2	172 Le White 6/4/903 65 VRS	3 Year 1968 7 75M
E de	70 (00n	BIRTHPLACE (Stole or foreign 7b. C.TUZEV OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
र के अ		"Cul a lac ba widowed broked Mint gother	Md Md
This certificate shauld be executed within 24 haurs after death rate, writing the ward "pending" in pencil in Item 18. Give Pag be forwarded to the Chief Medical Examiner's Office along with I be used as a burial-transit permit File pages land 2 with the Sarr remayal, and in any event within 72 hours after death	10.	give street oddress) July and the street oddress give street g	b KIND OF BUSINESS OR DUSTRY
fer Great ong with the state of		US_A_ RESIDENCE (Where decrosed lived, if institution, Residence before 13c. CITY_OR TOWN 3d. INSDECTIV_LIMITS? 13e STREET AND NUMBER	- ms samplesty
thin 24 hours after de nicil in Item 18. Give F niner's Office along w pages land 2 with the hours after death	٥	dmission) STATE-Nd. 13b. COUNTY NUTT. Beflesid & YES IN NO 1 8200-day	EBUNST.
haurr Item Office 1 land 2	14. F	ATHERS NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 ncil in l niner's pages 1 hours c	760	Perdro Canstanzo Esperanza  WAS DECEASED EVER IN US ARMED FORCES?   16b SOCIAL SECURITY NO   17. INFORMANT 8200 ADDRESS Fers	Prieto
thin mine pag hou		(es, no, or unknown) (if yes give water dates of service) 27 11 77-01 At 35-00 To 3000 C	Bethesda.M
y with per Exam File		10 CALLET OF DEATH (Enter poly one cours per line for (a) (b) and (c)	APPROXIMATE INTERVAL
shauld be executer ne ward "pending" a the Chief Medical burial-transit permit in any event withi		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COLON 2 59 IN SUSSICE COLOY Acute	State of err.
Mec mdir nt v		4/24 DUE TO, OR AS A CONSEQUENCE OF	
be 'pe' hief		Conditions, if any, which gove (b) Cardia Vascular Disexse	4.015.
ould vard he C he C any any		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she v he v ta tl		(c)	
This certificate should be executed within 24 hours after de irate, writing the ward "pending" in pencil in Item 18. Give P be forwarded to the Chief Medical Examiner's Office along we be used as a burial-transit permit File pages land 2 with the ar remayal, and in any event within 72 hours after death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(0)	
ertif ward ward sed o	TION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
te, ram K	CERTIFICATION	WAS PERFORMED?	YES NO NO
Æ _ P P		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of in ury in Port 1 or Port 2, Item PRIMARY OR CONTRIBUTING HOUR A M.	18)
INER: e certifi shauld files. 3 shauld oatian, c	MEDICAL	CAUSE OF DEATH P.M. 19	
e execute the certifictor. Page 4 shauld led far your files. ECTOR: Page 3 shauld burial, crematian,	2	21d INJURY OCCURRED  WHILE MOT WHILE AT WORK AT WORK OF INJURY (At home, form, street, at WORK AT WORK OF INJURY OF INJURY OF INJURY (At home, form, street, at work of injury).	County State
JICAL EXPLAGAGE EXECUTATION OF THE POPULATION OF		22a. I certify that I taok charge of the remains described above, held an Autopsy [], Inspect on [X], Inquiry [X],	and in my apinian
HCA tfar. Sed bed		death resulted from Natural causes 🔀 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗍	]
TY please e retained director prior to bu		ACTUAL O. L. S. B. E. CHIEF MEDICAL EXAMINER (	
<b>&gt;</b> . n = -		SIGNATUREMD ASSISTANT MEDICAL EXAMINER	23 1969-
FE Constitution of the co		NAME (Type)  JOHN G. BALL  ADDRESS(Street, city fown, or county) Bethesda	
To D The S m Heal	<b>23</b> o	BURIAL CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d OCATION (CITY OF TOWN) (C	ounty) (Stote)
	1	Burial 1-25-69 National Memorial Park Falls Church	, Virginia
	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR'S SIG	
VR A15ME (5) 10M REV 1/68	K	OBERT A. PUMPHREY, Bethesda, Maryland OMIAN 29 1969 Icharla	o Judge



7 1		1033	DIVISION OF VITAL RECORDS,	301 W. PRESTON STRE		IARYLAND 21201	4.5.5
P	I.			CERTIFICATE OF D		р	1834
deoth.		ECEASED NAME Type or print)  HELE	EN GRAY	COPELAND	20 DATE	OF DEATH  Month  Doy	7 9 5: A M
24 hours after deoth	3 \$	FEMALE	4. RACE NEGRO	5 DATE OF BIRT 10-14			UNDER YEAR IF UNDER 24 HRS.
A hour	7o. cou	BIRTHPLACE (State or Fareign MD	75 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED X NEVER MARRI WIDOWED DIVORCE		OF DEATH MONTGOMERY	Md
within pool		DICKERSON	give st eet address)  Big Woods I	STITUTION (if not in hospital		ON (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
en t	130 adm	USUAL RESIDENCE (Where deceose sission) STATE MD	ed lived, if institution Residence before 13b COUNTY MONTG.	13c. C TY OR TOWN 13c	H INSIDE C TY JIMJES? 13e	STREET AND NUMBER BIG WOODS RO	AD,
ate be executed cigan and camble lease remove car and in any event	14.	ATHER'S MAME First WILLI	IAM COATE	S 15 MOTHER'S MAID	DEN NAME First	M ddie	lost
ertificate be physician c en pleose ovol, and ii	160	WAS DECEASED EVER IN L.S. ARM es, no. O Unknown) ( yes give wi	AED FORCES? (16b SOCIAL SECURITY rat or dates of service)	NO 17 INFORMANT MR WILLI	AM COPELAN	D DICKERSON	, MD
Page 4 may be retained by the hospital or ottending physician.  Property I DIRECTOR: After this certificate has been signed by the ottending physician and can ginector, page 3 should be detached for use as the burial transit permit. Then please remove should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any expended by the State Dept.		PART I DEATH WAS CAUSED	y one couse per line for (o), (b), and (c) D BY ATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) UE TO, OR AS A CONSEQUENCE OF	muse Cord	olloscula	a disease	APPROX MART: INTERVAL BETWEEN ONSET AND ORATH
ne low requirentending phy os been sign as the buri	CERTIFICATION	Congo	NOTIONS CONTRIBUTING TO DEATH BUT N  CONDITION FOR WHICH OPERATION WAS PE	Loilvil	y? 2Db	IVEN IN PART 1(0)  IF YES, WERE FINDINGS CONS	DERED IN CERTIFYING
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial transhould be tiled with the State Dept. of Health prior ta burial, are	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify med col exomin	HOUR A.M. Month Doy Year ner) P.M. 1	21c HOW INJURY OCCUP	RRED (Enter noture of II	njury in Part 1 or Port 2, Iter	n 18.) County State
ATTENDING PHYSICIAN: stained by the hospital or CTOR: After this certificate should be detached for uith the State Dept. of Heal		220 I certify that (I) (the	hospital) attended the deceos live on c, (I) (we) (did) (did not) view the	ed from 1962, and that in (my) body after death	, 19 <u>08</u> , to ,		, that (I) (vi) lost and haur and from the
SPITAL OR A may be re IERAL DIREC		22d. PHYSICIAN ( NAME (Type)	& fowcell	DEGREE ATTENDING PHYS  226. ADDRE	MED DIRECTOR C	STAFF PHYS	123/69
TO HOSPITAL Page 4 may be to FuneRal D director, page should be filed	1	741617	-27-69 Line	CEMETERY OR CREMATORY	23d LOCA	WITLAND.	(County) (Stole)
VR OF SO	24	TUNDRAL DIRECTOR	Anorden Ke	ckuck mod	AN 3 N REGISTS	All corector in the	



MAKYLAND STATE DEPARTMENT OF HEALTH

e.

1 /				201 W DECTON CIDER			
1	01041 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212011036						
. 7.	1. D	CEASED-NAME First	Middle	Last	2g. DATE OF DEATH	2b. HOUR	
at le le te	(		777		Month Do	y Year	
or de	0.0	ype or print) TAMES	I nace	CRAig	JARNARY 6	1969 5:30 PM	
fter fter fter	3. SI		4 RACE	S. DATE OF BIRTH	6. AGE (In years last birthagy)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	
s a	L.	MAle	WhiTe	12-4-0	7 67 YRS.		
hours after death.  ig by the funeral rs. Pages 1 and 2 Labours after death.	70.		76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH		
the special services and the special services are special services are special services and the special services are special services and the special services are special services are special services and the special services are special	CUO	IRELAND	U.S.A.	WIDOWED DIVORCED	MONTGOMERY	COUNTY Md.	
in Self	10. (	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in haspital 12	of HSHAL OCCUPATION /Kard of work dobo	126 KIND OF BUSINESS OR	
within 24 hour tely filled to broad to papers.	5,	luck SORING	give street oddress) Holy	STITUTION (If not in haspital CROSS Mospital du	ring most of working life, even if retired)	PHOTO Company	
d v	130.	USUAL RESIDENCE (Where deceases	3 lived, it institution: Kesidence before	13c CITY OR TOWN 13d INS	IDE CITY LIMITS? 13e. STREET AND NUMBER		
be executed with	adm	ssian) STATE MARULAND	13b COUNTY Mentalmers	Silver Spring YES	NO 2001 MARYMO	NT ROAD	
ma ma	14.	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN I		Last	
and em		Samuel.	Crain		Marie	Quilbner.	
ficate by Sician please all, and j	160	WAS DECEASED EVER IN U.S. ARME			Address	tius pres	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death age 4 may be retained by the haspital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to by the funeral director, page 3 shauld be detached far use as the burial transit permit. Then place bemaye carbay pagers. Pages 1 and 3 shauld be filed with the St≡te Dept. af Health priar to burial, crematian, or remayal, and it any event, within 3 hours after death	١	es, no, an unknown) (If yes give war	or dates of service)		raig 2001 Mary to t	Pord. S.S. Md.	
ne death certifi attending pMy permit. Then ian, or remaval		IR CALISE OF DEATH /Enter only		1		APPROXIMATE INTERVAL	
<b>€</b> : <b>E</b> :		PART I. DEATH WAS CAUSED	one cause per line for (a), (b), and (c)	1100 4	4	BETWEEN ONSET AND DEATH	
dea rmili or		IMMEDIATI	E CAUSE (a)	XIARIO A	freezen	of The	
at a		= 16.7	DUE TO, OR AS A CONSEQUENCE OF		,		
the the sit purity		Canditions, if any which gave and its tall immediate couse (a),	(b)	V			
than the ron ron re		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				
res sicio		last.	(c)				
aquires the physician. signed by burial tron burial tron burial tron		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART TO	^	
on sen sen to to	z	· Euroli	upling ()	Ollin Coll	rentie Deal Als	2831	
low be ior	514	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a AUTOPSY?	205 IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING	
The law ratending attending has been se as the hairto	CERTIFICATION			YES / T	NO CAUSES OF DEATH?		
ar are		210 ACCIDENT WAS UNDERLYING	215. TIME OF INJURY	21c. HOW INJURY OCCURRED	(Enter noture of injury in Part 1 or Port 2,	Item 18.)	
Fer Figure 1	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Yeor			,	
rent reert hed t. a	MED	21d. INJURY OCCURRED 21e P	LACE OF INJURY (AT HOME FARM, STREET, FA	GORY 1 21f. LOCATION Street or R.	.F.D. No City or Town	County State	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial trorshauld be filed with the State Dept. af Health priar to burial, creating the contraction of t		While Nat while at wark at wark	OFFICE BUILDING, ETC	1	1.1.		
NG Ny th Territer de d			hospital) attended the deceas	ed from 12/2/	1968 to 1/6/01	that (I) (we) last	
Aff d b d b d b e Si		saw the deceased ali	ve on/ /6 /6	and that in (my) (a	, 1968, to 1600 19 opinian death accurred on the d	ate and hour and from the	
OR SELECTION			(I) (we) (did) (did nat) fiew the	Gady after death.			
MEG PER		22b SIGNATURE	10000	A THEOREM ATTENDING /E	MED STAFF	DATE SIGNED	
DIR Personal		Accu	4. Cury	DEGREE PHYS.	MED STAFF DIRECTOR PHYS.	1/6/69	
TAI may kal be fu		22d PHYS(CIANS NAME (Type) Only	of Carry M.D.	22e ADDRESS	1/4hariandh	o Ciliplui	
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be called with the Starter	-7-		7. 27. 7	CEMETERY OR CREMATORY	1 year of the	( Jucusigum	
H B B B B B B B B B B B B B B B B B B B	230 E	PREMOVAL (Specify) 23b. DA			23d. LOCATION (City or Town)	(County) (State)	
5-5 1	1.	70	- 1404 Day Appete	on Ceretery	REC'D BY REGISTRAR 2Sb. REGISTRAR	gomery Md.	
VR A 16 (4) 30M REV 1/68			w Duyall Mandores				
30M REY/1/68	U	larner E. Puniphr	ey, 9 10. 8434 Geo	TAR IDETTE DATE	N 10 1969 Polisie	my Judge	



	_	MARTLAND STATE DEPARTMENT OF REALTH
100	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
18		0104~ CERTIFICATE OF DEATH 31037
ċ	2.2	I DECEASED-NAME First Middle Lost 2a DATE OF DEATH 2b. HOUR A
₽¤	and 2	(Type or print) Fryling Milton Crawford January 24 1969 12:40 M
ō	uneral and deat	Fryling Milton Crawford January 24 1969 12:40 M  3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years 15 JUDIER 145 JUDIER 24 HRS.
The state of the s	- X	lost birthday) MONTHS DAYS HOURS MAN
_ S	* STAF	Male White December 4, 1907 61 YRS.
haurs after death	30.8	70. BIRTHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   9. COUNTY OF DEATH   9. COUNTY OF DEATH
#	22.5	District of Col. United States   WIDOWED   Montgomery Md
<u> </u>	Bog William	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
The law requires that the death certificate be executed within	7 = 1	Takoma Park washington San. & Hosp. duping most of working life, even if retired.) Housing
×	campietely nave carbo ny event, w	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 136. CTY OR TOWN 13d INSIDECITY LIMITS? 13e STREET AND NUMBER
ě	ampiete	odmission) STATE (13b. COUNTY Hyattsville YES X NO 8124 15th Ave. Apt.#103
že	cam ng ve	14 FATHER'S NAME First Middle Lost 115, MOTHER'S MAIDEN NAME First Middle Lost
0	and campore in any every	
مّ	ase of in	Zedic Crawford Ruth Dawes
g	ple p	The WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) [(1) yes give war or dotes of service]  Lib Social SESURITY NO 9  17 INFORMANT Helen Crawford Wifned ess  Your was a service of service of the service of service of the service of t
编	physician and en please remayed, and in an	no moderator kassananan 124-1701 mesnyuttatites, mas
cer	The	18. CAUSE OF DEATH (Enter only one cause per line for (p)* (b) gyd (c).)  APPROX.MATE INTERVAL BETWEEN DIVISED AND DEATH
ath	igi ii a	PART I. DEATH WAS CAUSE BY. IMMEDIATE CAUSE (a) Julmonary ambelia Claute minutes
<del>q</del> e	ffer ffer ffer ffer ffer ffer ffer ffer	DUE TO, OR AS A CONSEQUENCE OF
the	======================================	Canditions, if any, which gove) (1) Marcust of which gove Indiana, if any, which gove Indiana, if any, which gove Indiana, if any
ŧ	n size	rise to immediate cause (a), (b)
年,5	<b>E E E E</b>	stating the underlying cause DUE IO, OR AS A CONSEQUENCE OF
Teg	prystan. signed by the attending burial-transit permit. Th burial, crematian, or rem	
200	2 S 3 3	PART 2. OTHER SIGNAL CONDITIONS CONTRIBUTION TO BEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART I(a)
2.5	to to	[ Christiene Heart distain and longestine Heart Touries
<u> </u>	unerraining proyections. has been signed by se as the burial-trar in priar to buriol, cre	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? CAUSES OF DEATH?
The	h se d	YES NO CAUSES OF DEATH?  YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
<u></u>	a et l'es	
		CAUSE DE DEATH   HOUR A.M. Month Day Year
S	trent thed	S 214 INHIBS OCCUPATE OF INHIBS AND STREET FACILITY 215 LOCATION CROSS OF 25 D No. City of Town. County State
F	oep dec	While Nat while \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TENDING PHYSICIAN:	t ee t	of work — of work —
<u> </u>	Steller	22a. I certify that (1) (this hapital) attended the deceased from, 1964, ta, 1964, that (1) (we) last saw the deceased give an, 1964, and that in (my) (ess) apinian death accurred an the date and haur and from the
E	R: /	causes stated abaye, (1) (we) (did) (did not) view the bady after death.
	<b>2</b> 4 4 1	22b S GNATURE - 22c DATE & GIGNED / / 22c DA
2	<b>2</b> 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	AFOLIA / PEGREE PHYS DIRECTOR
0 3		22d PHYSICANS 1
ITA	P P P	NAME (Type) HARRY 16 (FIRETON) 8811(0/PSVICE SSOT) - IN
TO HOSPITAL OR	rage 4 may be retained by the haspital of unefloating physician and configuration.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conficients, page 3 shauld be detached far use as the burial-transit permit. Then please remarkable tiled with the State Dept. af Health priar to buriol, crematian, or remayal, and in any shauld be filed with the State Dept. af Health priar to buriol, crematian, or remayal, and in any share the prior to buriol, crematian, or remayal, and in any share the prior to buriol, crematian, or remayal, and in any share the prior to buriol, crematian, or remayal, and in any share the prior to buriol, crematian, or remayal, and in any share the prior to buriol, crematian, or remayal and in any share the prior to buriol, crematian, or remayal and in any share the prior to buriol, crematian, or remayal and in any share the prior to buriol, crematian, or remayal and in any share the prior to buriol, crematian, or remayal and in any share the prior that the prior to buriol, crematian, or remayal and in any share the prior to buriol, crematian, or remayal and prior to buriol.	230 BURIA. CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
7 8	B 로 들 을 /	230 BURIA., CREMATION, REMOVALISPENTY 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Store)  Washington National Suitand, Maryland
2 0	5 17 18	Market and Land and the property picture and an arrangement and a property picture and a pr
	VR (5/4)	Viscotti in the second of the
	30M RBW /68	Warner E. Pumphrey, Inc. 3434-ga. Ave. Sil. Spg. DATEJAN 29 1969 Allanley Judge



3 1	It 2-	6-69 ams Division of vital records, 301 w. Preston Street, Baltimore, Maryland 21201
FOR STATE		1104. MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED NAME First Middle Lost 2a DATE KNOWN Month Day Year 2b HOUR
10 to 00 to	_ '	Type or Print) Pate Crawford DEATH MATED 1 15 196912:30
any delay is 2, and 3 to PM3. Page	3 5	
P A d		male White 6-105 63 yrs 1009 12:30
E C E SE		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
		Try) N C From XXX !! S.A. WIDOWED DIVORCED Montgomery Md
Poet Poet	10 (	Takoma Pk  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of wark done during most of wark in the spital of successions of the spital of
ive dig v	12-	
s after 18. Girls of olong a olong deoth.	130	USUAL RESIDENCE (Where deceased lyed, if institution Residence before 13c CITY OR TOWN    Institution Residence before 13c CITY OR TOWN   Institution Residence before 13c CIT
hours after death Item 18. Give Pages Office along with fa		
hour them Office Office offer offer	17	Robert Crawford Ada Freeman
noil or and a second se	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 1-2+1111 10
This certificate should be executed within 24 hours after death icote, writing the word "pending" in pencit of them 18. Give Page be forwarded to the Chief Medical (xogginer) Office along with the be used as a burial-transit permit. File pages land 2 with the stater removal, and in any event within 72 haurs after death.		(es, no, or unknown) (Il yes give wor or doles of service) 715-70-5569 +11 ? - ford ? 175 9 ? nod ? nod 4 d?
Pie E File		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ing ing adjoint with		PART I. DEATH WAS CAUSED BY Cardiorespiratory failure due to
exiend end f Me		OUE TO, OR AS A CONSEQUENCE OF
d be d "p Chie rans		(onditions, if ony, which gave) (b) severe burns (35%) of body and pulmonary
te should be executed the word "pending" is to the Chief Medical o burial-transit permit.		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF emboli
to the bank of the shape of the	4	(6)
XAMINER: This certificate should be executed te the certificate, writing the word "pending" in get should be forwarded to the Chief Medical lyour files.  oge 3 should be used as a burial-transit permit. Foremation, or removal, and the within		PART 2 OTHER SIGNIFICANT CONDITIONS CONFRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
rriff rritii vara ed c	10%	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
NER: This certicerticete, writhould be forwariles. Should be used should be used then, or remove	CERTIFICATION	WAS PERFORMED?
Thrifticot licot be d be		21d EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1, or Part 2, Item 18.)
ER: certification of the control of	MEDICAL	PRIMARY TO R CONTRIBUTING HOURAM  LO: 30 M 12/22 19 68 Deceased smoking and his shirt  caught fire.
UNER shoul files. 3 shou	WE	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D Na. City or Yown County State
XAN te ff ge 4 yaur oge		white At work At work of the building etc) Home  Hyattsville Prince Geo. Md.
DEPUTY  Stessory, please execute the cert is funeral director. Page 4 shouls may be retained for your files.  FUNERAL DIRECTOR: Page 3 shouls eolth prior to burial, cremation,		220 I certify that blook charge of the remains described above, held an Autopsy 💢 Inspection 🔯 Inquiry 💢 and in my opinion
Per e e e e e e e e e e e e e e e e e e		deoth resulted from: Notural couses, Accident Z Suicide, Homicide, Undetermined manner
Ty please y, please and directle se retoine a retoine the prior to be		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER
AL AL		SIGNATURE MD ASS.STANT MEDICAL EXAMINER 1220. DATE STONED
SSOT SSOT NER NER Th		EXAMINER'S PARTIES AND DEPUTY MEDICAL EXAMINER DISTRICT TO THE PARTIES AND DEPUTY DISTRICT TO THE PARTIES AND DEPUT
necessory, pleose en the funerol director. 5 may be retoined TO FUNERAL DIRECTOR Health prior to buy	20	NAME (Type) SELDEN ENDER 1236 NAME OF CEMETERY OF CREMATORY 123d OCATION (City or Town) (County) (State)
5 - 2 5 7	230	REMOYA. (Specify)
at	34	THE STATE OF STATE ADDRESS SILS N. M. 250 RECO BY REGISTRAR 256 REGISTRARS SIGNATURE
VR A15ME	4	The state of the s



	104.		OI W. PRESTON STREET, BALTIA ERTIFICATE OF DEATH	MORE, MARYLAND 21201	01039
Ī	OECEASED-NAME First (Type or print) Roger	Middle Leo	CREIGHTON, JR.	20. DATE OF DEATH  January Month 20 Day	69 Year 802P
3.	. SEX	4. RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Male	Caucasian	Jan. 20, 196		MONTHS DAYS HOURS MIN
70	o BiRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?		COUNTY OF DEATH	
c	Bethesda	USA	WIDOWED DIVORCED	Montgomery	AA-
7	O CITY OR TOWN OF DEATH  Bethesda	II NAME OF HOSPITAL OR INST give street address) Naval Hospi	tal during mos	OCCUPATION (Kind of work dane of working life, even if retired )	12b. KIND OF BUSINESS OR INDUSTRY N/A
, 13 ac	3a USUAL RESIDENCE (Where deceas domission) STATE Maryland	ed lived if nstitution Pasidence before	Wheaton YES NO[	The state st	-1
14	4. FATHERS NAME first Roger	M.ddle Last Lee CREIGH	IS, MOTHER'S MAIDEN NAME FIRS	Middle Carol Eileen	JORDAN
Ī	60. WAS DECEASED EVER IN U.S. ARN		17 INFORMANT WIZE		Maryland
33	Canditions, if any, which gave rise to immediate cause (a), slating the underlying cause last  PART 2 OTHER SIGNIFICANT COM	OBY THE CAUSE (a)  Atelectas  DUE TO, OR AS A CONSEQUENCE OF  (b)  Prematur  DUE TO, OR AS A CONSEQUENCE OF  (c)  IDITIONS CONTRIBUTING TO DEATH BUT NOT		IDITION GIVEN IN PART 1(a)	BETWEEN ONSET AND DEATH
	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PERF		20b IF YES, WERE FINDINGS (O CAUSES OF DEATH?	
1	21g ACCIDENT WAS UNDERLYIN  On CONTR BUTTING CAUSE OF DEATH  (If either, notify medical examin	H HOUR A.M. Month Day Year	21c HOW INJURY OCCURRED (Enter n	Τ,	em IB)
	While Not while at work	PLACE OF INJURY ( AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	RY.) 21f LOCATION Street or RFD No	City or Tawn	County State
	22a. I certify that (PC (the saw the deceased al	s haspital) attended the deceased ive an Jan. 20 19. (It (we) (d.d) (d.d.nst) New the both H. Safley, M. D.	DEGREE ATTENDING MED DIRE	22c Di	ate signed n. 21, 1969
	30 BURIAL, CREMATION, 23b. E	23/69 23/MAME OF CE	METERY OR CREMATORY  gton National	23d LOCATION (City or Town) Arlington Ar	(Caunty) (State)
24	4 FUNERAL DIRECTOR W. W	. Chambers Co. ADDRESS reet, N. W., Washing		ROISTING 9 25by Aconstrained	MAJARA

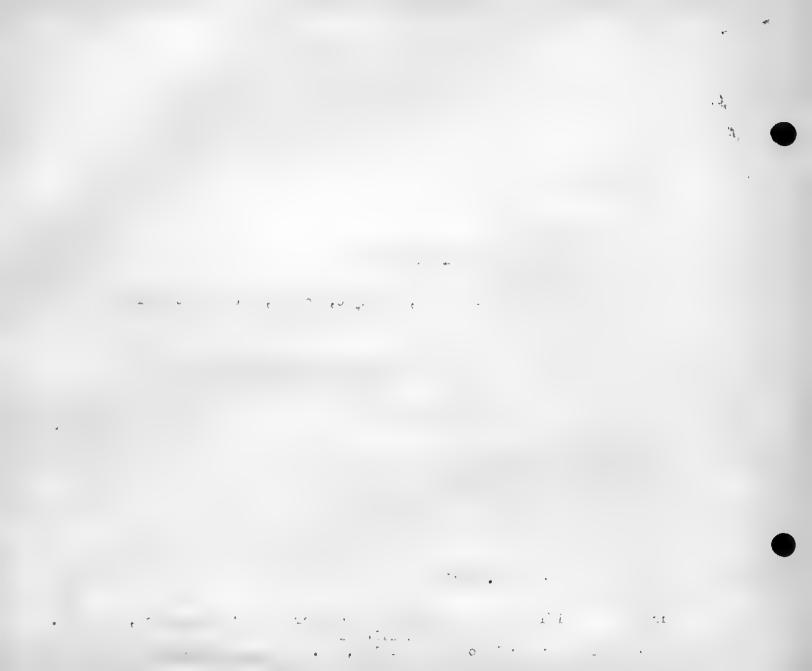
1	MARYLAND STATE DEPARTMENT OF HEALTH  0 1 0 4 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
L	Itons 7a, Film 409 1/29/69 km CERTIFICATE OF DEATH	01040
	DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) The Month Pay	Year 2b. HOUR
3. :	Candary L.	1 69 2250 N
7a coi	BIRTHPLACE (Stote or foreign 76 CYNZEN OF AWHAT TOUNTRY AND WIDOWED DIVORCED Montgomery  Virgin Islands Uhkhowh Us A Widowed Divorced Montgomery	
10	Bethesda  11 NAME OF HOSPITAL OR INSTITUTION (End in hospital during most of working ife, even if retired)  Naval Hospital  120 JSJA. OCCUPATION (Kind of work done during most of working ife, even if retired)  Naval Hospital  130 JSJA. OCCUPATION (Kind of work done during most of working ife, even if retired)  Naval Hospital	b. KIND OF BUSINESS OR IDUSTRY  Govt.
odr	o USJAL RESIDENCE (Where deceased lived, if institution Residence before mission) STATE Cuba 13b COUNTY   13d INSUE CITY LATE   13b COUNTY   13d INSUE CITY LATE   13c STREET AND NUMBER   13b COUNTY   13d INSUE CITY LATE   13c STREET AND NUMBER   13c CITY LATE   13c CITY	
14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  Unknown  Unknown	Lost
160	o WAS DECEASED EVER IN L.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dottes of service) Unkn (If yes give wor or dottes of service)  217-52-8246 Hospital Records	
	IS CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))  PART 1 DEATH WAS CAUSED BY:  Cancinoma of the stomach  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gove rise to immediate cause (o), storing the underlying cause  [b]  DUE TO, OR AS A CONSEQUENCE OF  [c]	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ((a)	PERED IN CERTIFYING
MEDICAL CERTI		08)
ME.	21d. INJURY OCCURRED While Not while 1 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. OCAT.ON Street at R.F.D. No City or fawn Co. While 1 ot work of work 1 (this haspital) attended the deceased from Aug. 22 , 19 68 , toJan. 11 , 19 69 and that in fax; (our) opinion death accurred on the date at causes stated abave, (did) (did total view the bady after death.	D, that (i) (we) las
	22b. SIGNATURE 22c. DATE :	inuary 1969
230		(Stote) (Stote) Cuba
24	FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 1400 Chapin Street, N. W. Washington, D. C. DATEJAN 20 1969	ATURE SAME

- C7-1



.ic

1	MARYLAND STATE DEPARTMENT OF HEALTH
COD CTAYE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Year 2b HOUR OF EST-
is to sage	JOHN LOCIUN CROWN DEATH MATED AT 30 9 189 7 PM
elo.	3. SEX RACE S DATE OF BIRTH 6 AGE (n ywors IF UNDER 1 YEAR IF UNDER 24 HRS. 20 DATE PRONOUNCED DEAD 2d HOUR
2, and 3 to PM3. Poge Pm3. Poge	m w 7268, 1915 53 YRS MONTHS DAYS MIN - Days Y801 1969 75 M
- E 60	70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
S to see	margland USA WIDOWED DIVORCED
24 hours after death any deloy is in Item 18 Give Pages 1, 2, and 3 to ris Office alon with farm PM3. Pages I and 2 with the State Department of rs after death.	0 CITY OR JOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work dong 12b Kind OF BUSINESS OR during most of working life, even it retired) INDUSTRY
the de	(2 Husda Duburban Hospital Pointer
	30. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c, CTV OR TOWN 13d INSIDE CTV LIMITS? 13e. STREET AND NUMBER
E 1 2 2 1	Admission State 13th COUNTY GENERY ROCKUITE YES NO 12616 MONROEST
Tem Tem after after	4. FATHER NAME First MIGGIE LOSS IS MOTHER'S MAIDEN NAME First Middle Loss
24 ris line line line line line line line line	RICHARD CROWN BRACE Bean
hin 24 noil in niner's poges hours	60. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO   17 INFORMANT ADDRESS ADDRESS ADDRESS ADDRESS
d within 24 hours of in pencil in Item 18 Examiner's Office old File pages Land 2 will no 72 hours after dea	LEN WW II 213-01-1717 DENNIS CROWN-SON. HERRICK Md.
thould be executed in the Chief Medical Edución transit permit. Financia permit. Financia ony event within	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
with with	PART E DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Injuries, multiple severe, due to automobile
ex end end if p	DUC 10, OK AS A CONSEQUENCE OF
be hiel	Conditions, if any, which gove is the state of the state
ony	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
sho o the buri	lost. (t)
INER: This certificate should be executed within 24 hours be certificate, writing the word "pending" in pencil in Item—Shousd be forwarded to the Chief Medical Examiner's Office filles.  3 should be used as a buriol transit permit File pages I and 2 action, or removal, and in any event within 72 hours after any or removal.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
tific orde	
Cer Wr Drw Drse	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
his ote, ote fee fee fee	YES XX NO
thing the property of the prop	210 EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Doy, Year PRIMARY X) OR CONTRIBUTING DOY AM TON 9 1969 STOCK BY A Dio when crossing Horf way.
der Ger Should be should b	CAUSE OF DEATH    To PM 13 n 9 19 69   Struck by Auto when crossing Hogh way   2.d NOURY OCCURRED   21e PLACE OF INJURY (At home, form, street,   2 f. LOCATION Street or R.F.D. No. City or Town County State
the 4 s	Whole woll was a foctory office building, etc.)
bical Examiner: se execute the cert ector. Poge 4 shouso ned for your files. iECTOR: Page 3 shou burial, crematian,	AT WORK LI AT WORK KI 1 - 100 / VIII 190) ET
AL for for	22a I certify that I took charge of the remains described above, held an Autapsy 🔀, Inspection 🔀, Inquiry 💢, and in my apinian
se e se e cronned med bro	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
directdirector	ACTUAL O D D CHIEF MEDICAL EXAMINER
TY. If	ACTUAL SIGNATURE
Ssar Ssar New Pure	EXAMINER'S John G. Ball DEPUTY MEDICAL EXAMINER A TOT-10,1969
ro DEPUTY DICAL EXAMINER: This certificate should be executed necessary, please execute the certificate, writing the word "pending" is the funeral director. Page 4 should be forwarded to the Chief Medical 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used as a buriof transit permit. Health prior to buriaf, crematian, or removal, and in any event within	ADDRESS(SHEET, OLY, TOWN, OL COUNTY)
1251	DEMOVAL (Specific)
VR A15ME (5]	TOTAL CONTITUE OF THE CONTITUE
TOM REV. 1/68	yson Wheeler Funeral Home Rockville, Md. DATE MAN 14 1969 formulas programmes

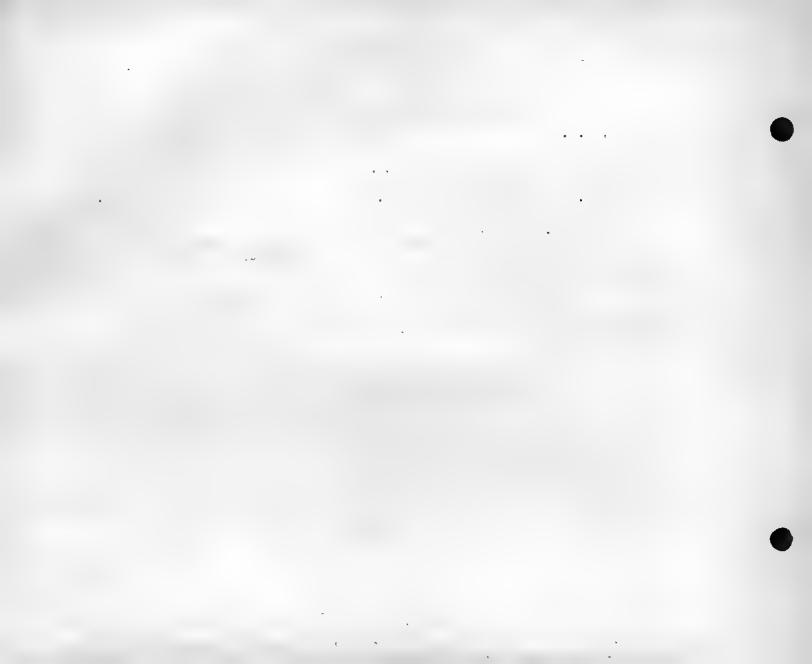


MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01043 CERTIFICATE OF DEATH Middle Lost funeral 1 and 2 ter death. 1. DECEASED-NAME First 2o. DATE OF DEATH 2b. HOPPAY 24 hours after death (Type or print) Month Mildred Cumbow Anna January Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled/in by the fundine director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages I shauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years lost birthday) IF UNDER I YEAR MONTHS DAYS HOLRS White 10 December 1909 Female 70 81RTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED West Virginia USA WIDOWED T DIVORCED [7] Montgomery ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
The Clinical Center, NIH during most of working life, even if retired)
HOUSEWITE INDUSTRY Bethesda 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c. CITY OR TOWN 13d. INSIDE CITY EIMITS? 13e. STREET AND NUMBER The law requires that the death certificate be executed 1 135 COUNTY YES NO 1310 S. Kanawha Street West Virginia **Beckley** 14. FATHER S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Lost Starks Bertha McBrier Albert 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Bethesda, Maryland 420014 Yes, no, pr unknown) 1 (If yes give war or dates of service) Not Available The Medical Records. The Clinical Center arrhythmia 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) \_ minutes Hypotension, intractable ventricular DUE TO, OR AS A CONSEQUENCE OF Conditions of one, which gove a Acute myocardial infarction minutes rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Old myocardial infarction stoting the underlying couse: Arteriosclerotic coronary artery disease vears PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 2Do. AUTOPSY? CAUSES OF DEATH? Yes NO [ YES X Coronary Artery Disease Jan. 22,1969 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 1215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (this haspital) attended the deceased from 13 January, 1969, to 22 Jan., 1969, that (we) last saw the deceased alive an 22 January 1969, and that in (my) (aur) aprinian death accurred an the date and haur and from the causes stated abave, xtx (we) (did) (hat part) view the bady after death. 22c. DATE SIGNED 226. SIGNATURE ATTENDING MED DIRECTOR 23 January 1969 DEGREE 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Edward Jacobs, Jr., M.D. Institutes of Health, Bethesda, Maryland 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION REMOVAL (Specify) Blue Ridge Mem. Gardens Beckley, West Virginia 255. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24 Junita Director Metropolitan Funeral Service VR A15 (4) Milesulas Judge 30M REV 1/68 1969 Box 1195 Falls Church Virginia



	1	_		STATE DEPARTMENT OF F		
<u>Clark</u>		010.00		301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	·1345
				ERTIFICATE OF DEATH		. 2 0 10
로 _2록		ECEASED NAME First	Middle	Lost	20 DATE OF DEATH	2b HOUR
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. De retained by the haspital or ottending physician.  HRECTOR: After this certificate has been signed by the ottending physician and competely filled in by the funeral e.3 should be detached for use as the buriol-transit permit. Then please remove corporate pages I and 2 and with the State Dept. of Health prior to buriol, crematian, or remavol, and in any event, with a file death.	_ (	Type or pent) Ellen	Jeffers	Davis	Month Doy	199 1 3 A M
four four fer	3. S		4 RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR   F JNDER 24 HRS
rrs afte	L	F	W	4-16-17	last birthday) 51 YRS.	MORTHS DAYS HOURS MIN
hour hour	70 (0)	BIRTHPLACE (State or foreign 71	o. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
24 in open		Wash. D.C.	USA	WIDOWED OF DIVORCED	Montgomery	Md.
rie Egt	1	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST		A. OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
orbely with		lakoma Park		an. & Hospital "	nousewife even if retired)	own home
P	130.		lived, finstitution: Residence before		_	
ecute comp love y eve	Uuis:	SSION STATE MD.	13b COUNTYPG Co.	T.Park YES NO	7105 New Ha	wo Ave.
e execut and com remove in any ev	14	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MA DEN NAME F	irst Middle	lost ,
equires that the death certificate be exemplysician. Signed by the ottending physician and coburial-transit permit. Then please remoburial, crematian, or remaval, and in any serial, crematian, or remaval, and in any serial.		Lyndon B.	Jeffers	Anni	le Norton	1
ote b iician ilease and ii	160	WAS DECEASED EVER IN U.S. ARMED		0 17 INFORMANT Norton 1	Detters Address	
physician en please avol, and	L	es, no, Rounknown) (11 yes give war a	yes	15 ACC CACC		., N.W., D. C.
ne deoth cer othending p permit. The		18 CAUSE OF DEATH (Enter only	one cause per time for (a), (b), and (c).)			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ndii.		PART I DEATH WAS CAUSED B	CAUSE (0) CLOUTE C	oronary Three Hea	subores	, Dees
ne deoth ottendi permit.			DUE TO, OR AS A CONSEQUENCE OF		3 '	1
the the sit p		Conditions, if only, which gove	in ansenis	scleratic Lea	28 Diceaux	I week.
s that the cian. d by the thereign the ciansit.		rise to immediate couse (a), stating the underlying couse.	DUE TO, OR AS A CONSEQUENCE OF			
quires tho physician. signed by buriol-tran		lost	(c)			
equire physic signe buriol		PART 2 OTHER SIGNIFICANT COND.	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMUNAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	
ding l			Denacles	mellikus		
haw law bee	ATIO	190. DATE OF OPERATION 196, CO	NDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY?	206 IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
AN: The law re all or ottending icote has been for use os the Health prior to	CERTIFICATION			YES 🔲 NO 🔀	CAUSES OF DEATH?	
IAN: The all or oth irote ha for use Health p		210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		noture of injury in Port 1 or Port 2,	Item 18.1
pital pital miffic of fo	불	OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examiner)	HOUR A.M. Month Doy ~ Yeor P.M. ~ 19	· · ·	,	,
YSI losp cert ched	MEDI	21d INJURY OCCURRED 21e PL	ACE OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
DING PHYSICIAN: The law r I by the hospital or ottending After this certificate has been be detoched for use os the State Dept. of Health prior to	ı	While Not while at work of work	<b>♦</b> OFFICE BUILDING, ETC.			,
State			haspital) attended the decease	d from 704 / 196	5, to Jan 26, 19.	69 that (1) (ma) last
ND A P A P A P A P A P A P A P A P A P A		saw the deceased aliv	e op 26 19	104. and that in (my) four Long	nian death accurred on the do	te and hour and from the
t ATTENE refoined ECTOR: A S should with the		causes stated above, (	l) (we) (did) (did not) view the b	ady after death.		
OR ATTENE OR ATTENE be retoined JIRECTOR: A Sibould ed with the		226 SIGNATURE	O and	ATTENDING M	ED STAFF COLUMN	DATE SIGNED
D S P P P P P P P P P P P P P P P P P P		- CONUC	x xxxxxaur		RECTOR PHYS	an 26, 1969.
TO HOSPITAL OR ATTER Page 4 may be reformed TO FUNERAL DIRECTOR: director, page 3 should Should be filed with the		NAME (Type)	-, J.N. SUG	AP 22e ADDRESS FA	ISTEPIU ALIE	WASH DC
OSP PNE cror	220	BURIAL, CREMATION, 23b. DAT	C Too NAME OF C	EMETERY OR CREMATORY	23d .OCAT ON (City or Town)	16013
프를로	230	DEMONIAL (Count A	27-1969, 124 9t.		1	(County) (State)
2-5-02	240	FUNERAL PIRECTOR	ADDRESS	Lincoln Crematory  250 REC D B	y REGISTRAR 25b. REGISTRAR'S	Maryland
VR 418/24	17	aut J. Smith Zu	ce Johneld	Sil. Spr., Md. JAN 3	n 1969 Heliane	
27m 4(1) 04	MAG	rner C. Pumphreu	1. 9nc. 8434 Georg	ua Huenne Win it	1 1000	



		MARYLAND STATE DEPARTMENT OF HEALTH
1	<del>/ /</del> 1	0105 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
·	1	CERTIFICATE OF DEATH 01848
	executed within 24 hours after death.  d completely filled in by the funeral mave carbon papers. Pages 1 and 2 any event withir 22 hours after death.	1. DECEASED-NAME (Type or print)  TOTAL  Ralph  Ralph  Davis  Month  Day  Year  1969  20. DATE OF DEATH  Month  Day  Year  1969  419
	fer fer	3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years 14 JUNES 14 LES)
	the the safe	male Caus Y-17-1885 last birthday) yrs. Manthe Days Hours Min
	by by our	70. BIRTHPLACE (State of foreign   76. CITIZEN OF WHAT COUNTRY?   8. MARPHED NEVER MARPHED   9. COUNTY OF DEATH
	는 SS 등 기	Country) Correspond Pa 21 S. A WIDOWED DIVORCED Montgomeny Country
		10 CENTOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (if not in hospital 120, USIJAL OCCUPATION And at work of the 12h KIND OF BUSINESS OR
	bely with	Whestor, Mch. give street address) . 901 Cocales one during most of warking life, even if retired) INDUSTRY
	e executed with	13a. JSUAL RESIDENCE (Where deceased lived if institution Residence before 13c. CITY OR TOWN admission) STATE Md 13 COLESTIAL STATE MD 12 COLESTIAL STATE
	com com	HOHE OMETY 1
	d de d	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
1	d in a d	Allen S. avis
ì	an de la company	100. THAS DECEMBED ETER IN C S ARMED TORGES! 100. SOCIAL SECONITI NO. 37 INCOMPANY
	hys hys	no Vo7-03-09/9 John R Davis ir 14507. Fairacres rd
	G B P	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)
	ath adin r. re	PART I DEATH WAS CAUSED BY Cerebral thromboses, recurrent Several year
	he de perm perm han, o	CHE TO OR AS A CONSEQUENCE OF
	the of the other triangle of the other trian	(Conditions, if only, which gove) . (Demonal is and avelage of school is
	y the y the onsit emat	rise to immediate cause (a).
	es th sicion ed by ol-tro ol, cre	stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF
	uire hysi gne gne uria	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	aw requires that the death certificate admin physicion.  been signed by the attending physicion is the burial-transit permit. Then pleas or to burial, crematian, or removal, and that a proved	= Fracture of right femor; diverticulosis of colon, multiple, bleeding
	law re ending been so the rior to b	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	tter tter as os os	YES NO CAUSES OF DEATH?
	or of or	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21a ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
	AN Poly Poly Poly Poly Poly Poly Poly Poly	S OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year
	PHYSICIAN he hospital his certifical etoched for Dept. of He	(If either notify medical examiner) P.M. 19 2 21d INIJRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f &OCATION Street at R.F.D. Na. City or Town County State
	Sep Jep	21d INUJRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f 40CATION Street at R.F.D. Na. City or Town County State work at work at work
~	A de la	at work at work at wark 220   certify that (1) (this hospital) attended the deceased from 1954, to 2017, 1969, that (1) (we) to
9-	rending the plant of the plant	220   certify that (1) (this hospital) attended the deceased from
4	the the	causes stated above, (1) (we) (did) ( <del>did not</del> ) view the body after death.
, <del>x</del>	eta creation of the control of the c	22b SIGNATURE 22c DATE SIGNED
John	OR ATTEND be retained the DIRECTOR: After 3 should the Steel with the Steel OF OTHER	Benney Gorles A. DEGREE PHYS. DIRECTOR DIRECTOR DIRECTOR DAYS January 7, 1969
0	A P P P P P P P P P P P P P P P P P P P	22d PHYSICIAN'S D + D D + / - 22e ADDRESS M / II D C . I O
10	ERA d be	NAME (Type) Bennet A. Porter, Jr., M.P. 9301 Colesville Kd., Silver Spring, M
14	TO HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certified be executed Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet director, page 3 should be defoched for use as the burial-transit permit. Then please remave cor should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event.  Coroner Notified and Aproved	23a BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or fown) (County) (Store)
3	5 5 j	Crematory Washington D C
30	VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 250 250 ARTOSTRAR SALGNA RE-
(-7	30M REV 1/68	Lee Funeral Home. 300.4th st N E



1	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
•	CERTIFICATE OF DEATH
one of 1 ond 2 or deoth.	1. DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR
deoth	(Type or print) EDVIN Leonard Day Month Doy Year M
	S DATE OF BIRTH 6 AGE (In years I I UNDER 24 HRS
	Male White 7-7-1895 last birthday) ARS. MONTHS DAYS HOURS MAIN
	76. BIRTHPLACE (Stote or foreign 76. (FIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	Maryland U.S.T. WIDOWED DIVORCED Mantgamery Md.
	10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 120 USUAL OCCUPATION (Kind of work done / 12b Kind of Business OR
}	Rockville give street oddress) Acky during mast at warking life, even if retired) INDUSTRY
	130 USUA. RESIDENCE (Where deceased wed, if institution Residence before 13c CITY OR TOYIN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
1	Md. Mont. Garthersburg 8/24 Snouther Schared
1	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
	Joseph t. Day Drucella Ingalla
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or doins or service)  16b. SOCIAL SECURITY NO 17. INFORMANT Address or service)
1	No Mis Catherine May ac 139
1	18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I DEATH WAS CAUSED BY
	PART I DEATH WAS CAUSED BY Terminal Proumound.
	DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if ony, which gove (b) Arterioselo-otic Heart Dissase
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a)
	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. 4F YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	190 DATE OF OPERATION 1915. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 1216 TIME OF INVITED 1216 HOW INVITED OCCUPRED (February of Invited of Invited Port 2 (Inc. 18))
1	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.)
1	GORCONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
ı	While Not while of work at work
١	
١	saw the deceased glive on 19 Grand that in (my) (our) applian death occurred on the date and have and from the
- 1	couses stated above, (1) (we) (did) (did not) view the bady after death.
ı	ATTENDING MED. STAFF
-1	29-1 DUVICIAN'S
1	NAME (Type) L. I. Len / 14-3. Gaithers burg /ud.
	230 BUR AL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (Co. ntv) (State)
	But Specify 1-16-69 Goshen Goshen Mont. Md.
	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REGISTRAR 5 SIGNATURE
	Francis H. Barber Laytonsville, Md. 20760 DATE JAN 15 1989 Charles Succession

	MARYLAND STATE DEPARTMENT OF HEALTH	
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	648
4	CERTIFICATE OF DEATH	
를 금감를	DECEASED-NAME First Middle Lost 20 DATE OF DEATH (Type or print) 1 / Might Day	2b. HOJR
death and 2 death.	(Type of print) WILLIAM E DIAV	Year 155 AN
Ē		NOER 1 YEAR   IF UNDER 24 HRS
5	MALE 12/28/11 (ost birthdoy) YRS. 80	HOURT 1 YEAR IF UNDER 24 HRS HOURS MIN
aur.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MADDELD NOT MENUR WARRENTS 9 COUNTY OF DEATH	
Training one within 24 hours after death gentificate be executed within 24 hours after death then please remove carbon papers. Roger and and in any event, within 72 hours after death	RY USA. WIDOWED DIVORCED   MICHTGOMERY	₩d
ecuted within 24 I completely filled is over carbon paper y event, within 72	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12)	26, KIND OF BUSINESS OR
xecuted with race carbon ny event, w.t.l	VETHESDH - DURGAN PAINTER	NDUSTRY V O. 4-
be executed be executed or an any event,	USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c CTY OR TOWN 13d MSDS CITY LIMITS? 113a STREET AND NUMBER	
a s sall	MARYLAND BOOKTGOORKY SPRING YES NO 13200 FWOOD	LANE
any any	FATHER'S NAME First Middle Cost IS MOTHER'S MAIDEN NAME First Middle	Lost
21/6	BERT DAY WINIFRED WI	LDER
ond irr	D WAS DECEASED EVER IN J. S. ARMED FORCES? 16b. SOCIAL SECURIFY NO. 17 INFORMANT Address	SOFI
一 清	Yes, no, or unknown) (11 yes give wor gr doles of service)  VES (28-32)- 42-45)  HELEN DIZY - 141 FE	
Serti Certificant Chen Mavo	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL
te death cer ottending p	PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
and the decision of the second	L C/ = "miles true (u)	
the e	DUE TO, OR AS A CONSEQUENCE OF  Conditions it only, which gove)  Tubular necrosis right kidney	
of the north	nse to immediate couse (a). (b) Traditati incorpositio, Tighto Artarity	
2 # 2 5 5 5	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
geuires the physician. signed by burial-tran		
Technical the death attending physician. has been signed by the ottendings as the burial-transit permit. The prior to burial, cremation, or remained to the control of the	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
law randing been s the iar ta	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? 20b IF YES, WERE FINDINGS CONSIL CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b TIME OF INILIRY 22b HOW INVERSY OF CHIPPED. (Enter public of int in 10 Port 3 or Port 3 from	DERED IN CERTIFYING
and so	YES NO CAUSES OF DEATH?	
real real real real real real real real		181
Tale file file file file file file file fi	OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. Month Doy Yeor  If either, notify medical examiner)  P.M. 19	, ,
red display	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City of Town Co	unty State
PHYSICIAN: he haspital ar this certificate efached far u	21d. INJURY OCCURRED While Not while of work  21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) OFFICE BUILDING, ETC  Co	uniy state
NC y there deed deed frate	22a. I certify that (I) (this best)(a) ottended the deceased from 19 (a) 19 to 11/16 19	_, that (I) (we) last
NDI d b d b	sow the deceased olive on	nd haur and from the
E il 8 Bit	causes stated above, (1) (we) (did) (stanat) view the body after death.	
RECT PART WITH WITH WITH WITH WITH WITH WITH WIT	226 SIGNATURE 1154 ( 22c DATE ) ATTENDING MED STAFF 22c DATE	SIGNED / D
	THE COLOR OF THE PHYS DIRECTOR PHYS.	1/08
The Late of ATENDING PHYSICIAM: The law requires that the death certific Page 4 may be retained by the haspital an attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 shauld be detached for use as the burial-transit permit. Then poshauld be filed with the State Dept. of Health prior to burial, cremotion, ar removal,	22d PHYSICIAN S NAME (Type) Kenry C. Scruggs 22e. ADDRESS	
UNE 4 bould build	BURIAL FREMATION 235. DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (LITY OF TOWN) . (CC	ounty) (Stote)
E E	MMUNICHY) 1-4-69 Parklawn Rockville Montg	
VR A15	FUNERAL DIRECTOR RODert A. PLITTIPH TO THE PROPERTY OF THE PRO	
45M 1 69	7557-Wisconsin Ave., Bethesda, Md. DATE AN 9 1969 Icharle	1 feeter



	r	MARYLAND STATE DEPARTMENT OF HEALTH
-17		0105 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
2 1 %	ı	CERTIFICATE OF DEATH
# -~=		ECEASED-NAME   First   Middle   Lost   20 DATE OF DEATH   2b HOUR
death		Type or print) ROBERT AUGUSTINE DILLON SE. JEMONTH DOY 1969 / DM
Ja At a	3 S	EX 4. RACE S DATE OF BIRTH 6 AGE (In years I of UNDER 1 YEAR 11 SHOTE 24 HRS
s of e		nale lubite 2/10/07 [pst bythday] MONTHS DAYS HOURS MIN
hour hour	7a	BIRTHPLACE (State at fare gn 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
n 24 ho	Z	TAKY Jand USA WIDOWED DIVORCED   MONTEREN Md
hin 24 hours filled n by n papers. Fo	10-1	OTY OR JOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (finat in haspital during most of working the even freited)  II NAME OF HOSPITAL OR INSTITUTION (finat in haspital during most of working the even freited)  INDUSTRY
- A - A - A - A - A - A - A - A - A - A	E	Pethesda Deburban Hospital Information OTHER VIS IVERLURY
pquires that the death certificate be executed within 24 hours at physician. signed by the attending physician and completely filled in by he burial-transit permit. Then please remove carbon papers. Page burial, cremation, ar remayal, and in any event, within 72 hours of	13a odin	CONTRACT COUNTY
N S S S S S S S S S S S S S S S S S S S	14	HACHINE VIGITIONELY IT INFO
and remi	14.	MATTHER RAME First Middle Last Is MOTHER'S MAIDEN NAME First Middle RENNETT
irtificate be physician c en please aval, and is	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOC AL SECURITY NO. 17. INFORMANT
physic physic aval,	1	Yes not not nown) (It yes give war at dotes at service) 216-44-4301 Eulaine Dillon - when - add. Same,
cert Mer Pl		
re death cer attending p permit. The		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) - Caculo hyroxidal Stand I-V Defluin
ne death attendi permit.		4109 DUE TO, OR AS A CONSEQUENCE OF
it the the sit p		Conditions, if only, which gave
that in. by t ans rem	H	rise to immediate cause (a).  stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF
sicial sicial solution of the state of the solution of the solution of the state of		lost. (c)
The law requires that the death certificate be attending physician. has been signed by the attending physician arse as the burial-transit permit. Then please rath priar to burial, cremation, ar remayal, and in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ding ding the the	IIII	
The taw ratending oftending has been se as the hariar ta	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AN: The cote had cote had our use dealth Health	H	LES SCI NO L
YSICIAN: Ospital ar certificate hed for usit. af Health	CAL C	21a ACCIDENT WAS UNDERLYING 21b TIME OF NJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)  21b TIME OF NJURY  21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
SEC specific	WEBIC	[(If either, natify medical examiner)   P.M. 19
JING PHYSICIAN: The law reby the hospital ar attending ther this certificate has been be detached far use as the State Dept. af Health priar ta	-	21d .N. RY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while
de d		at work of work 10 / the hospital) attended the decorate from 10 / // ta 10 / // About 10 / //
DDIN d by Affel d be Store		22a I certify that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
agle of the state	L	couses stated abave (1) (we) (d.d) (d.d not) view the body after death.
A SE LE SE		22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
ed a Section		DEGREE PHYS DIRECTOR LI PHYS. LI
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creas		122d PHYSICIAN'S SEAT J DAG 1. 22e ADDRESS TO BATTLE Long Tetterla Mike.
HOS ge 4 FUN rects	230	BURIA. (REMATION. 236 DATE 23c NAME OF (EMETERY DR (REMATDRY 23d LOCAT ON (City or Town) (County) (1994)
5 5 5 E		Burial 1/14/69 Gate of Heaven Cemetery Sil Spring Montg.
VR A15	24	FUNERAL DIRECTOR 755 PORESTISCONS IN A LOCAL RECUSTRAR S SONATURE
45M , X6A		ROBLET A. PUMPHREY, Bethesda, Mary and To 1999 formers for the



1.20	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31000		
4	01055 CERTIFICATE OF DEATH		
# 12 # #.	1 DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR Type or print) CC CD C 2b HOUR		
er death. funerol i 1 and 2 ter death.	1)1)(1)		
ours after death by-the funerol Pages 1 and 2	3. SEX  A RACE  S. DATE OF BIRTH  1888  6 AGE (In years IF JINDER I YEAR IF UNDER 24 HES lost bythology)  MONTHS CAYS HOURS MIN		
by Pours	70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED TO 9. COUNTY OF DEATH		
72 h	COUNTS PUSSIA U.S.A. WIDOWED DIVORCED MONTGOMERY		
within A fills	10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even it spread)  120 USUAL OCCUPATION (Kind of work done during most of working life, even it spread)  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even it spread)  120 USUAL OCCUPATION (Kind of work done during most of working life, even it spread)  121 KIND OF BUSINESS OR INDUSTRY		
complete complete corp. y event,	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE FLA USb. COUNTY DADE Miami Bas. YES NO 800 COLLINS AVE		
physicion and complement please remove conditional and complement on the condition of the conditional	14 FATHER'S NAME First Middle Diskin IS. MOTHER'S MAIDEN NAME First Middle Last		
te b ion ase	16g. WAS DEGLASED EVER IN U.S. ARMED FORCES? 166 SOCIA, SECURITY NO 17. INFORMANT Address		
ifico nysic nple al, a	Yes, not arturation (If yes give wor or dates of service) 265-78-6538 SACAHDISCIN SAME AS 13		
cert ng pt Ther	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONEST AND DEATH		
eoth andir nit. or re	PART 1. DEATH WAS CAUSED BY:  [MMEDIATE CAUSE (0) Chronic Obstructive, Priemonary Discours + Conference.		
requires that the death certificate be executed by physician.  In signed by the ottending physician and complete e buriol-transit permit. Then please remove cortiol furial, cremation, or removal, and in any event.	DUE TO, OR AS A CONSEQUENCE OF		
	Canditians, if any, which gave (b) (b)		
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
The low ratending attending has been se os the h prior to	190 DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING		
The or affe e has use o	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 1216 T.ME OF INJURY 1216 HOW INJURY OCCURRED (Finer nature of injury in Part 1 or Part 2 (from 18.)		
YSICIAN: The low re lospitol or attending certificate has been thed for use os the pt. of Mealth prior to	21a. ACCIDENT WAS UNDERLYING 21b. T.ME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)  ⊰ □ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Manth Day Year		
	If either, natify medical examiner)   P.M. 19		
OR ATTENDING PHYSICIAN: be retained by the hospitol or DIRECTOR: After this certificate ge 3 should be detached for uled with the Stote Dept. of Heal	21d. IN.JRY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State of work of work		
NG yy th ter t ter t tote			
ENDING ned by th R: After t uld be di	22a. I <b>certify</b> that (I) (this haspital) attended the deceased from 12-17, 19-68, ta 1-31, 19-69, that (I) (we) law saw the acceased alive an 1-30-19-69 and that in (my) (aur) apinian death accurred an the date and haur and from the couses stoted obove, (I) (we) (did) (did not) view the body after death.		
R ATTENI retained recTOR: A 3 should with the	226 SIGNATURE		
OR ATTENIOR OF STENIOR	Remard a. Neehannen, M.D. DEGREE PHYS NED. STAFF Jan. 31, 1969		
SPITAL 4 May to 4 MERAL D For, poge 1d be file	22d. PHYSICIAN'S NAME (Type) Bernard A. Heckman, M. D. 22e. ADDRESS 8107 Eastern Ave., Silver Spring, Md.		
O HOSPITAL OR Poge 4 may be r O FUNERAL DIRE director, poge 3 should be filed v	230 BURIA. (REMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d JOCATION (City or Town) (County) (Stote) 2.2-2-1969 17. NEDOCEM 111911 1-19.		
VR A15 (4) 30M REV. 1/68	24. FUNERAL DIRECTOR  GOLD SEEG FEVERSE HOME  ADDRESS  ADDRESS  DATE  DATE  DATE  DATE  DEPT OF THE PROJECT OF		



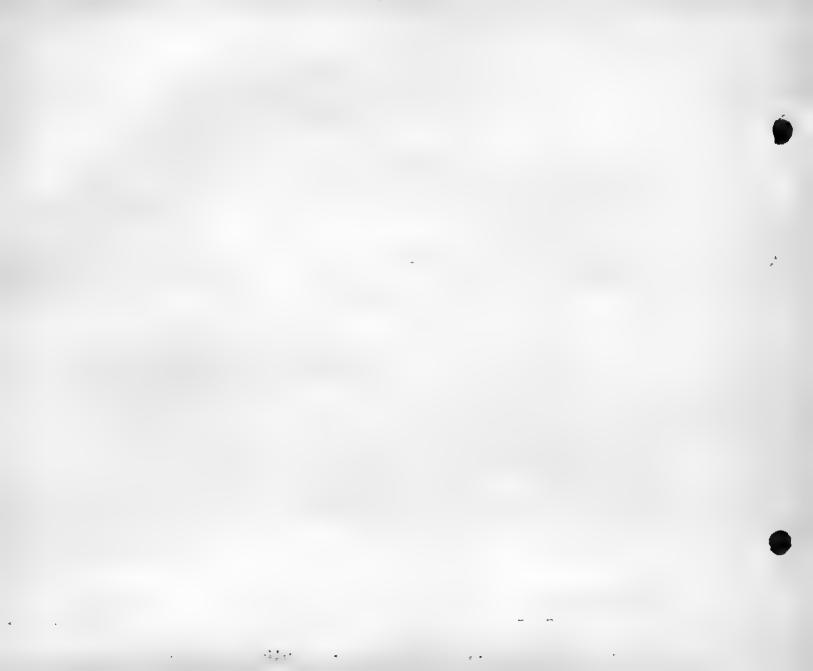
1	Silver of the		EPAKIMENI UF HEALI		
П	31050	AL RECORDS, 301 W. PRE			40 = 4
L			TE OF DEATH		1951
	DECEASED-NAME First (Type or print) 2	Middle	Lost 20	DATE OF DEATH  Month Day	2b. HOUR
L	DEN	_K/	litto, St.		1949 1 1 AM
3.	SEX 4 RACE	,	DATE OF BIRTH		TE JINDER I YEAR IF UNDER 24 MRS. HONTHS GAYS HOURS MEN
L	MAIE Whi	te	5-1-94	74 YRS.	
70	BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT CO	MARKIEU	MEASK MAKKIED	INTY OF DEATH	1
	"Kectiche U.S.A.	MIDOMED 🗵		low gomery	County Md.
10.	CITY OR TOWN OF DEATH 11 NAME O	F HOSPITAL OR INSTITUTION (If not a address)		JPATION (Kirfd of work dane garking life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
ے	DILVER JARING	HOW CRE	25 1 11.es 1	ma ace .	12.12 11: " rod.
130 adı	USUAL RESIDENCE (Where developed lived, if institution Remission) STATE Md 13b COUNTY 1	Residence before \$13c CITY OR TO		13e. STREET AND NUMBER	10.
H			(77)	13108 Inlieu	
14.	FATHER'S NAME First Middle	Lost 15 N	NOTHER'S MAIDEN NAME First	Middle Roll	Pi shardan
16		SOCIAL SECURITY NO 17. INFO		Address ///	
1 0	Yes, na or unknawn) (If yes give war or dates of service)		a R. Rocktoba Di.	11	
-			13 N. BULLIANS DE	01.0	APPROXIMATE INTERVAL
	1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)		CARCINOMA	ATO 516	BETWEEN ONSET AND DEATH  4 NOS
ш	1 ( 2 1 ( ) 3		TACINOINE	10313	7-11105
	Carditions, if any, which gave		ETHE DA.	ICAFAC	IVEAD
П	100 10 11110010 10 10010 1011	RCINOMA O	THE PART	CKLAS	YEAR
	stating the underlying cause DUE TO, OR AS A C	CONSEQUENCE OF			
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLE NG	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(a)	-
١,	7/485	TES MELL	4.46	1,	
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH O		20α. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
TIFIC			YES NO	CAUSES OF DEATH?	
			INJURY OCCURRED (Enter noture	of injury in Port 1 or Part 2, Its	em 18.)
DCAL	(If either, not by medical examiner) P.M.	19			
O#ED	214 INTELLED 214 PLACE OF INTELLED AS HO	DME, FARM, STREET, FACTORY,) 21f LOCA	TION Street or R.F.D. No	City or Tawn	County Stote
	of wark of work				
	22a. I certify that (I) (this hospital) attende saw the deceased alive an VANVA	d the deceased from 5	PT , 1967.	toNANUARY 9, 19	59 , that (I) (***) last
	causes stated above, (1) (we) (did) (did	not) view the hady after de	nar in (my) ( <del>our)</del> apiñlan ( ath.	geath accurred an the dat	e and haur and fram the
	22b Signature	M-D		22c D	ATE SIGNED
	Edward ( Dec.	141 Pro DEGREE	ATTENDING MED DIRECTOR	R D STAFF D JAN	YUARY 9 1969
	22d. PHYSICIAN'S	A. 6	22e ADDRESS /0/5	SPRING ST.	
	NAME (Type) EDWARD A. B	FEMAN M.D	SILVE	R SPRING M	D 20910
23	D. BURIA, CREMATION, 23b. DATE	23c NAME OF CEMETERY OR CR		LOCATION (City or Town)	(County) (Stote)
	REMOVAL (Specify) 1-11-1950	Parkla : Ceret			meery Md.
24	FUNERAL DIRECTOR O'11. Seo JUTKE	ADDRESS C. S. A	d. 250 REC D BY REG!		IGNATURE
	12 104 8 M inhrou	RUZIL GODRAZIA AU	DATE AND	1000 Persona	



1	1		DIVISIO				AKIMLENI OF N STRFFT RAIT		1AND 212	01	,7°	0.50	
FOR STATE	0105. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH								•	* 1	952		
HEALTH DEPT.	1 DE	CEASED NAME	Fers		Mid		LICITI CATE	OI DEATH		(NOWN) Man	th Dav	Vacan	Tal works
of de to	(T	ype or Print)	Lex		Leon		Dodds		OF DEATH I	ESTI-	th Day	Year 1 <b>69</b>	26 page 10:34
delay is and 3 ta M3. Page tment af	3 SE	X	4 RACE	S DATE OF	BIRTH	6 AGE [in years	IF UNDER 1 YEAR	IF UNDER 24 HRS		CONOUNCED DEAD		- 17	2d HOUR
ny delay 1, 2, and 3 m PM3. Pa		M	W	11-7-	-09	59 YRS	MONTHS DAYS	HOURS AMN.	Month	18	Ye	ar 1969	10:3d
C. C	70. B	IRTHPLACE (Stote	or foreign	76. OTIZEN OF	WHAT COUNTRY?	8. MA	RRIEDE NEVER MAR		UNTY OF DEA	TH			
S D OW	100111	Towa			S.			RCED 🗌	Montg				Me
death with far		TY OR TOWN OF	DEATH	[ 8.7	NAME OF HOSPIT: re street address),	AL OR INSTITUTIO	N (If not in haspital	12a USUAL O		and of work don		ND OF BUSI	
. 5 - I		Olney	E Milham dasan	and I and if we	ititutian Residenci	ontgome	ry Genera	I INS DE CITY LIMITS?		e, even if thired	Dept	Arm,	Ţ
E w B w TE	00	mission) STATE	Md	13b. COUNT	Montgome		er Spring			AND NUMBER S.Leisu	re Wor	·1a B1	vd.
nours tent 1 and 2	14. F/	THER S NAME	First	Mid	ldle	Lost	15 MOTHER'S MAIL		1	Middle	- 11 31	Last	
_ 0		L	ute	Wallow	Do	dds	Io	Wa	Ro	se	Joh	nston	
hin 24 nicil ig niner's pages hours		VAS DECEASED EVE		FORCES?	166 SOCIAL SE	LURITY NO	17. INFORMANT			ADDRESS			
with your second with the seco	111	No	1) (II has dive	I wor or pures or servic	"  366-24	-9674	Mrs. Ev	7a Lee	Dodds	sam	8 8 8	abo	78
		18 CAUSE OF	DEATH (Enter on EATH WAS CAUSE	y ane cause pe	r lipe (a) (a) (b),	and (c)	Q		/	0000		APPROXIMATE TWEEN ONSET	
executed nding' i Medical permit nt withiu		4110		ATE CAUSE (a)	au	re (	brona	rye X7	rsug	Gicu	nei	1	
d be executed d "pending" i Chief Medical transit permit y event withii		Canditions, if ar	y, which gove	1	OR AT CONSEQU		( Po Vano	1. K601	X A	Mino	10	,	
	H	use to immediations to the uncommended the uncommended to the uncommen		(b)_ DUE TO.	OR AS A CONSEQU		00000	9 11-01	4	Jan			
shauld be e ne ward "per a the Chief I burial-transit	Н	lost one	torry ring couse	(c)			0						
s certificate shauld s, writing the ward farwarded ta the Cl used as a burial-tr smaval, and in any		PART 2 OTHER SI	GNIFICANT COND	DITIONS CONTRIB	UTING TO DEATH E	BUT NOT RELATED	TO THE TERMINAL DI	SEASE OR CONDITI	ON GIVEN IN I	PART I(a)			
iring iting arde arde arde	l s									_			
0 = 5 =	CERTIFICATION	190. DATE OF OF	ERATION		F195 CONDITION WAS PERF	N FOR WHICH OP FORMED?	ERATION				20	O. AUTOPSY	1
E	E I	210 EXTERNAL C	A SE WAS	215 TIME	OF INJRY Month, I	Toy Yang Tr	TIC HOW INJURY OCC	TIDDED /Cotes = at-		. D. 4 1 D. 4	2 14 19 >	YES 🗌	NO S
- 프	MEDICAL (	PRIMARY OR CAUSE OF DEATH	CONTRIBUTING [		M.A.	19	TO HOW INJUST OCC	TOKKEN (EMBL HOLL	ure or injury ii	n ron I of ron	2, ITEM 16.)		
3 = F = IN	MED	21d INJURY OCC.	JRRED 2 e		P M Y (At nome, farm,		If LOCATION Street of	r R.F D. No	C ty or	Town	Count	ty	State
beputy blease execute the cert of funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should be prior to burial, cremation,		WHILE NOT AT WORK AT		ictory, office buil	ding, etc.)								
idl,		22o. I c	ertify that it	aak charge o	f the remains d	escribed abov	e, held an Autor	osy 🗍, 🛮 In	spection 5	Inquiry	X. 0	nd in mi	y opinion
MCAL I			ulted from		\/ _	codent []/	Suicide,	Hamicide 🔲	. 7	rmined mann			
please directe directer retaine DIREC		ACTUAL /	2/1	20	-///	STATE OF THE PARTY	1 CHIE	F MEDICAL EXAMIN	IER 🔲				
EPUTY Sssary, ple funeral d ay be ret JNERAL D Ith prior		SIGNATURE	Leve	Klen	151	Call	111.57	STANT MEDICAL EX		22b D/	ATE SIGNED	,	<i>4</i> 0 ×
O DEPUTY necessary, the funera 5 may be 7 FUNERA		EXAMINER'S NAME (Type)	36/00	MAI I		641		HY MEDITAL EXAM		JAI	//	9-1	969
TO DEP necess the fur 5 may 10 FUNI Health	23a	BURIAL, CREMATI	ION, 23b.	DATE	23c No	AME OF CEMPTERA			LOCATION (C	1	(Caunty	1 151	ate)
In -		REMOVAL (Specif	y)	1/22/6			In Ceme		,	Georg		Y 18.1	ر.
4		UNERAL DIRECTO	R			ADDRESS		250 REC'D BY RE	eisi dea	256 REGISTRA	S S GNATI	R	<del>Ct y</del>
VR A15ME [5, 10M PEV 1/68		he S.	H. Hi:	nes Co	mpany V	vashing	gton, DC	DATE	1000	1	0	0	



_	1		MARYLAN	D STATE DEPARTMENT OF	HEALTH	
- //		31058			LTIMORE, MARYLAND 21201	1053
		91692		CERTIFICATE OF DEATH	1	
4 _24		ECEASED NAME First	Middle	Last	2g. DATE OF DEATH	25 HOJR
death. neral and 2 death.	{	Type or paint)	in a	Donne	Month Day	
fun 1	3 5	X	14 RACE	S DATE OF BIRTH	6 AGE (in years	FUNDER LYEAR OF UNDER 24 HRS
b both		male	white	5-11-19	ast hirthday)	MONIUS DAYS HOURS MIN
E 12 8	7o	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
14 H	COL	ntry)	USA	WIDOWED DIVORCED	Mentaome	Res us
fille Find	10 (	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN		SUAL OCCUPATION (Kind work done	126 KIND OF BUSINESS OR
equires that the death certific <del>ate t</del> be executed within 24 physician. signed by the attending physician and campletely filled burial-transit permit. Then please remove carban pape burial, crematian, ar remaval, and in any event, within 77	L	BETHESDA	give street address)	burbAN during	most of working I fe, even it retired)	INDUSTRY
pel call	13a adm	uSUAL RESIDENCE (Where decease issian) STATE	ed lived, f institution. Residence before	13c CITY OR JOWN 13d INSIDE C	THE THE TOTAL	1
cam cam		110	13b. SOLNTY	15 STAFSOA YES	NO 10419/2011	Rose AUF.
and rem	14	FATHER'S NAME First	Middle / Jost	15. MOTHER S MA DEN NAM		Last
dis a dis	L	WILLIA	on DORA	N GRACE	=	CLARIE
equires that the death certificate be physician. signed by the attending physician arburial-transit permit. Then please in burial, crematian, ar remaval, and in	160	WAS DECEASED EVER IN U.S. ARM			Address	
A B B B B B B B B B B B B B B B B B B B		es na or unknown) (II yes give wi	ar or dates of service) 365-22-48	384 DONNA I)	PRAN - WIFE -	SAME
requires that the death cert g physician. signed by the attending pl burial-transit permit. Ther burial, crematian, ar reman		18 CAUSE OF DEATH (Enter onl	y one couse per line for (a), (b), and (c)	)		APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
eath nnt. ar re		PART 1. DEATH WAS CAUSED	DV .	PATIC MALLEN.	ANCY	ACCOUNTS AND DEATH
atte an,		1621	DUE TO, OR AS A CONSEQUENCE OF			
the state of the s		Canditians, if any, which gave)		MONARY CA	4	
hal by 1 cans		rise to immediate cause (a), ( stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF			
sicic ed l al-ti		last.	(c)			
phy ign suri	li	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE O	RECONDITION GIVEN IN PART I(a)	<u>'</u>
	×		ren		* ,	
te law re tending as been as the priar ta	ATIO	19a, DATE OF OPERATION 19b. 0	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS (	ONSIDERED IN CERTIFYING
: The law requires the in attending physician. e has been signed by use as the burial-trailable prior to burial, cre.	CERTIFICATION		0	YES NO	CAUSES OF DEATH?	
ICIAN: The pital ar a' a' trificate ha far use of Health	CER	21a ACCIDENT WAS UNDERLYING			nter noture of injury in Part 1 or Part 2, I	item 181
CC A M M M M M M M M M M M M M M M M M M	SIG	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year er) P.M. 19			,
PHYSICIAN: he haspital ar this certificate efached far L Dept. of Heal	MEI	21d INJURY OCCURRED 21e	PLACE OF INJURY ( AT HOME FARM STREET, FAC		Na City or Town	County State
G PH the I this deta de De		While Not while of work	COPPLE BUILDING, ETC			,
State		22a. I certify that (I) (the	s haspital) attended the decease	d from JAN 19	18 10 7 19 19	69, that (I) (we) last
ned I R: Al		saw the deceased at	ive an <u>PEC 27</u> 1	9 & and that in (my) (our) o	ipinian death occurred an the da	te and hour and fram the
ATTEN stained CTOR: A shauld iff the			, (I) (we) (did) (did nat) view the l	oady after death.		
OR ATTENDIN be retained by DIRECTOR: After ge 3 shauld be ed with the Sta		22b. SIGNATURE	(On To an 1	DEGREE PHYS	MED. STAFF 22c. (	DATE SIGNED
DIR DIR		22d PHYSICIAN S	arrick WIL		MED. STAFF DIRECTOR PHYS	6-69
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the standard be filed with the State Dept. of Health prior to		NAME (Type)	MC CARRICK M	22e ADDRESS 809 Vis	ERS MILLIPO.P.	CKUILLE MO
D HOSP! Page 4 n Funer director,	230	BURIAL CREMATION, 23b. D		CEMETERY OR CREMATORY		
O KO Page O Fun	200	MANUAX Spec IV)	0-69 Parkla	awn Cemetery	Rockville Mor	(County) (Stote)
- W X Y	24	FUNERAL DIRECTOR Rober	rt A. Pumphreniss		BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
VR A13 (4) 45M 1769	7	557-Wisconsi	in Ave., Bethes		AN 9 1969 yello	way Jacober
		33, 1120001101		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000	50.0





ON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH USUAL RESIDENCE (Where dacassed I ved, finst turion: Residence before admission) a. COUNTY MARYLAND c. LENGTH OF STAY IN 15 c, CITY OR TOWN (If outside corporate limits, write RURAL and one nearest town d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address; IS RESIDENCE NO X 3. NAME OF M.ddle. DECEASED (Type or print) DEATH 196 5. SEX 6. COLOR OR RACE 7. MARRIED AGE (In years ) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) WIDO WED 🔀 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 18. CAUSE OF DEATH ONSET AND DEATH heart fallure PART I. DEATH WAS CAUSED BY: mo. IMMEDIATE CAUSE (a) Arterioscleratic cardiovascular disease 15 Conditions, if any, which gava rise to immadiate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1183-19. WAS AUTOPSY PERFORMED? NO > 20a. ACC DENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, firm, ; 20f. (City or town) (County) (Stata) Month, Day, Year factory, street, office bldg., etc.) Not Whila While Hour a.m. at work | at work | 19 53 to U. a. M. .... 17 , 19.67 that (1) (wo) tast (I) (this hospital) attended the deceased from UCI ....19.4.9., and that death occured at 4.34%, from the causes and on the date stated above. saw the deceased alive on.... 22a. S.GMATURE ATTENDING SIGNED VR A15 (4) 15M 9/60

A

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0106 . CERTIFICATE OF DEATH 01056 DECEASED-NAME First Inst 20 DATE OF DEATH 2b. HOUR deuth. Jung/ (Type or print) Kamila Dropiowski 1969 January A RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS. lost birthday) burial transit permit. Then please remave carban papers. Pages burial, crematian, ar remaval, and in any event, within 72 hours aff 8/11/78 White Female 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Poland Montgomery U.S.A. WIDOWED X DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR office and Lane duriffin mastat working life, even if retired) INDUSTRY signed by the attending physician and campletely f burial transit permit. Then please remave carban Rockville and campletely 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY E-MITS? 13e STREET AND NUMBER requires that the death certificate be executed odmission) STATEMaryland 13b (Outfortgomery 6433 Tuckerman Lane Rockville 14 FATHER'S NAME Middle Last IS, MOTHER'S MAIDEN NAME First Middle Antonia Wallock Juljusz Gasiorowski 1tem #13 16b SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) "I'll yes give war or dates of service) Rev. Gaither Warfield - son in law same 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE O Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 has been s se as the b th priar tab 192 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a. AUTOPSY? 20b JE YES, WERE FINDINGS CONSIDERED IN CERTIFYING **O FUNERAL DIRECTOR:** After this certificate has be director, page 3 shauld be detached far use as should be filed with the State Dept. af Health priar CAUSES OF DEATH? YES 🖂 NO 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH
(If either, notify medical examiner) HOUR A.M Month Doy Year 21e. PLACE OF INJURY (AT HOME FARM, SIREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED County Stote City or Town While Not white at wark 22a. I certify that (1) (this haspital) attended the/deceased fram\_ saw the deceased alive an\_ causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE/SIGNED ATTENDING MED DIRECTOR DEGREE PHYS 22e ADDRESS 809 Vi 22d. PHYSICIANS Viers Mill Road, Rockville, NAME (Type) Stephen N. Jones 230 BURIAL, CREMATION BURIAL (Tpecify) 23c. NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) 1/16/69 (County) Rockville Rockville Montgomers, Md. Tyson Wheeler Funeral Home 1331 Rock. Pike DATE DATE 24. FUNERAL DIRECTOR 30M REY



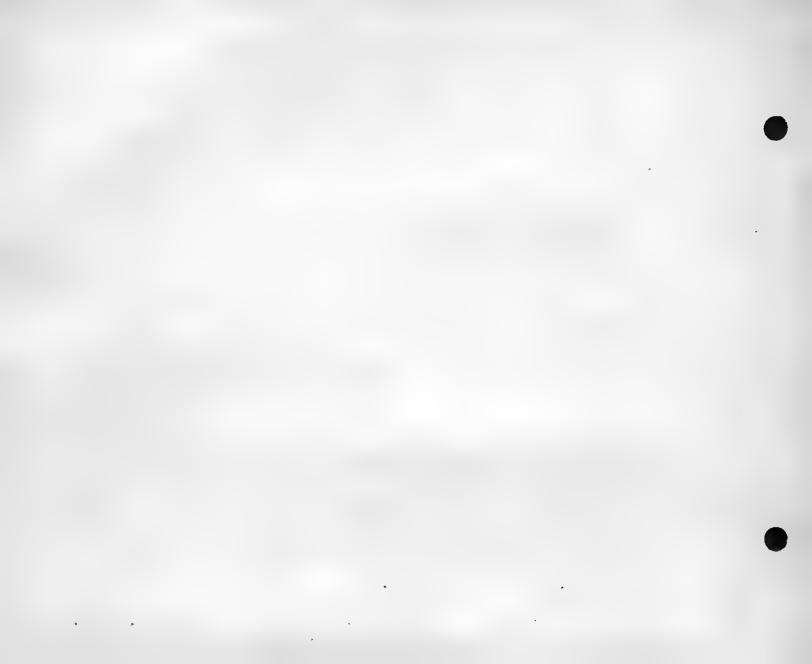
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1 manufactures		057	
1.	-	CERTIFICATE OF DEATH	
2 82		DECEASED NAME THAT Middle LEST (AGT 20, DATE OF DEATH	2b. HQUR
deoth	(	/Your an adapt the state of the	69 7:45AM
24 haurs after deoth ad in by the funeral person of a contract of a cont	3. SI		
hour py	70. cou	BIRTHPLACE (State of foreign NORFOLK Va 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED	
			IND OF BUSINESS OR
within in the second	V	WHEATON Hd. give street podress) OI ARCOLA AVE during most of working life, even if ref red.) INDUS	Schools
ond complete in ony event, w	13o odm	USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c. (ITY OR TOWN 13d. INSIDE CITY CHAITS? 13e STREET AND NUMBER 13b (OUNTY Washington D.C. 13b (OUNTY Washington D.C.)	2d. W.W.
d co	14.	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
be ex n and se rem d in an		UNKNOWN UNKNOWN	
TENDING PHYSICIAN: The low requires that the death certificate be executed within ined by the hospital or ottending physician.  DR: After this certificate has been signed by the attending physician and completely fill ould be detached for use as the burial-transit permit. Then please remove carbon in the State Dept. of Health prior to burial, cremation, or removal, and in any event, which is the State Dept.	160	O WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, pp: or unknown) (11 yes give were doles of service) 166 SOCIAL SECURITY NO DR. J. H. SAHER White-1814	Temakect
d plant		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
eath mdir or re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLON	
afte on,		DUE TO, OR AS A CONSEQUENCE OF	
the the safe		Conditions, if ony, which gove	
hot n. yy 1 ons rem		rise to immediate couse (a), (   sloting the underlying couse   DUE TO, OR AS A CONSEQUENCE OF	
es l sicio ad l sl-ft		lost. (c)	
equir phys sign buric buric		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
low re nding been s the ior to	18		-
e lov tend ss be os t	CERTIFICATION	190. DATE OF OPERATION 196. COND TION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERE	D IN CERTIFYING
The love of the role of the second of the role of the	R	YES NO NO CHOSES OF SEATH	
IAN: Idlo ficate for			
HYSIC hospit certi ched	MEDICAL		y Stote
this this deto		ot work of work	
by fifer fifer be be		22a   certify that (IV (this hospital) attended the deceased from C 1967, to 7, 1967, saw the deceased of years 1969, and that in (my) (our) opinion death occurred an the date and	, that (I) (we) last
R: A		saw the deceased all veron	nour and from the
Short Short		22b SIGNATURE 22c DATE \$IGI	NED
OR De r		DEGREE PHYS DEGREE PHYS DIRECTOR D STAFF B 1/2	41691
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retoined by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, crease.		22d PHYSICIAN S NAME (Type) / 22e ADDRESS	
LOSE UNE ecto	230	BUR AL, CREMATION, 23b. DATE 23c NAME OF CARETERY OR CREMATORY 23d LOCAT ON (City or Town) (Count	ty) (Stote)
5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		BURNEY 1/27/69 Succolu Sultond me	d.
- Call	24	FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 256 REGISTRAR'S SIGNATU	RE
30M REV 1) 68		Rain Fundal Home 301/ -Mat ME MAN 20 1969 Milliantes &	noigh.



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
COD STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1058
FOR, STATE HEALTH DEPT.	1 [	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	
***************************************		(Type or Print) OF ESTI-	Day Year 2b. Hours
deloy is nd 3 to 3. Page ment of	3/3	DEATH MATED	2d HOUR
Iny deloy is 2, ond 3 to PM3. Page	0	Jomale White 1-4-26 43 yrs MAITHS DAYS MA Manth Day X/	Year 1969 105M
	70	BIRTHP ACE (Stote or foreign) 76. CHIZEN OF WHAZ COUNTRY? 8 MARRIED NEVER MARRIED COUNTY OF DEATH	- / /
E S T TAN		TITLICAGE CO. WIDOWED DIVORCED 1/1/7/14/40/16/16	Md.
ofter death 8. Give Poges 1, dions with form	Je	11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of warking life even if retired.)	126 find of Business or Inbustry Own Home
hours ofter death Item 18. Give Poges Office dions with for Ion(2 with the Safe	7)3a	USUAL RESIDENCE Mythere deceased I ved, if institution, Residence before 13c 607YOR 109YN 13d institution 13e STREET AND NUMBER 0 admission) STATE 13b COUNTY 1 13b COUNTY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Fest Llighway
Hours Item 10 Office Office of	14.	FATHER SNAME First Mode Lost IS MOTHER SMALLEN NAME First Middle	Lott
hin 24 ncil in niner's pages 1	léa	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 WHORMANT, ADDRESS	ag
INER: This certificate should be executed within 24 hou be certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Offic files.  3 should be used as a buriol-transit permit. File pages I and in any event within 72 hours ofter		(Yes, nords topknown) (Hyes give year or dates of service) 403-34-0036 (2172) X CIRCLY - C	ta me
be executed "pending" in net Medical E. onsit permit. Fevent within		18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c))  PART 1 DEATH WAS CAUSED BY	APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
executed inding" in Medical E permit. F		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Crushed. Chest.	Sudden.
sit p		Conditions, If any, which gave )  To the state of the sta	_
d be d'pe Chief		nse to immediate (ause (a), (b)	
should be en word "per on the Chief buriof-tronsite in any ever		stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF	
to the buri		(c)	1
its certificate should the word to writing the word forwarded to the Clean orsed as a buriol-tremoval, and in any		TAKE 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECUED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certifi verwan orwan used moval	NOIN	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This cote, you be for be used in rem	CERTIFICAT	WAS PERFORMED?	YES NO 🔏
fico fico fico fico fico fico fico fico		21c EXTERNA, CAUSE WAS 21b TIME OF IN. JRY Month Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Ite	
NER: T certific hould b lies. should should	MEDICAL	CAUSE OF DEATH  CAUSE OF DEATH	
	W.	121d INJURY OCCURRED 121e PLACE DE INJURY / At home form street 121f LOCAS ON Street or R. F.O. No. City or Town	County State
ICAL EXAMINER: execute the certifor. Page 4 should ed for your files. CTUR: Page 3 should			Montgomery Mol
Xec Xec For For riol,		220. I certify that I took charge of the remains described abave, held an Autopsy, Inspection, Inquiry	, ,
oleose ex d rector. etained in INECT		death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined monner (	
ITY, pleose and drect drect per prior to		ACTUAL Of B R PS CHIEF MEDICAL EXAMINER ( )	
NY. In Price of Price		SIGNATURE MD ASSISTANT MEDICAL EXAMINER ()	
O DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your DIUNIRAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type) John G Ball DEPUTY MEDICAL EXAMINER ADDRESS (Street, cty, town) of the control of the co	
O DEP necesson the fun 5 may O num Realth	230	O BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town)	(County) (State)
, ,		Burial 1/24/69 Arlington Nat'l Gemetery, Arlington	. Virginia
	24.	FUNERAL DIRECTOR 7557 ADDRESS CONSIN AVEC RECULAR 1569 RECUSTRARS S	ENABLE Under
VR A15ME (5) 10M REV 1/68		ROBERT A. PUMPHREY, Bethesda, Marylanda	0 0



	1			TAND STATE DEPARTMEN		
	î	1064	DIVISION OF VITAL RECOI		T, BALTIMORE, MARYLAND 2120	1 2:059
				CERTIFICATE OF DE	AIH	
# - 2# # - 2#		ECEASED-NAME First Type or print)	Middle	Last	20 DATE OF DEATH	25. HOUR
rer deoth funeral i I and rer death		HENR	ETTA	Du VALL	Month J FA	Day Year 12481
fer fer fer	3. SE	EX	4 RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR F UNDER 24 HRS.
urs ofte y the f Pages urs afte	1	FEMALE	MEGRO	6/13	102 last birthday)	YRS DAYS HOURS MIR
tours ofter deoth.  by the funeral  Pages I and 2  nours after death.	7a 1	BIRTHPLACE (State or fazeign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
T = 27	casi	March land	16.5.H	WIDOWED X DIVORCED		C'Y Md
Tiffed Tiffed	10 (	TTY OR TOWN OF DEATH	11 NAME OF HOSPITAL	OR INSTITUTION (If not in bosp to)	12g USUAL OCCUPATION (Kind of work d	ONE 125 KIND OF R SINESS OF
THE PROPERTY OF THE PROPERTY O	6	BETHESIA	give street address) _	XIBURBAN	during prast of working life even if retire	ed) INDUSTRY
completely with y event, when y event, which is a constant.	130	USUAL RESIDENCE (Where decease	d lived, if institut an Residence be	fore 13c CITY OR TOWN 13d I	INSIDE CTY LIMITS? 130 STREET AND NUMBER	19116116.
mp we de eve	odmi	ISS ON) STATE	13b COUNTY MONERS	ROCKLIALE YES	NO NO LOTALL SO	200
d co	_	ATHER S NAME Errst	M dale 1		N NAME First Middle	le (last
equires that the death certificate be execute physicion. signed by the offending physicion canous burial-transit permit. Then phase remove a burial, cremation, ar removal, and in any evential, and in any evential, and any ev		2/2 0.61	1 Lanci	1	7- 11	0 \( \text{t \text{T} \text{T} \text{2} \)
20 S	160	WAS DECEASED EVER IN ILS ARM	D FORCES? 166 SOCIAL SECU	RITY NO 17 INFORMANT	Ter The Ter	a dl. d. l. d.
al, c	Y	WAS DECEASED EVER IN U.S. ARMI	or dotes of service) 2/5-3	1-36697-12 -00	- Malmel Cot	1 1 Jan Lock of
erth hen hen		10 CALLET DE DEATH IS			- PRIMILET JOUR	APPROX MATE INTEXNAL
ding the Ten		PART I DEATH WAS CAUSED	ane couse per line far (a) (b) ar			BETWEEN DHIET AND DEATH
dea tenc ar ar		IMMEDIAT	E CAUSE (a)	ESP. RATORY	651TRUCTED	2 many
he of per		Canditions, if any, which gave y	DUE TO, OR AS A CONSEQUENC			
the the main main main main main main main main		rise to immediate cause (a).	\D)	Remina	quy	
by train		stating the underlying cause	DUE TO, OR AS A CONSEQUENC	E OF		
res vsic ial- ial,		lost.	(c)			
ph ph ph sig bur bur		PART 2 OTHER SIGNIFICANT CONF	OTTIONS CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERMINAL D.S	EASE OR CONDITION GIVEN IN PART 1(0)	
The law requires that the death certificate be attending physicion. has been signed by the offending physicioff-a se os the burial-transit permit. Then plagse rith priar to burial, cremation, ar removal, and in	No		None			
s bi	FICATION		ONDITION FOR WHICH OPERATION W		CALLEGE OF ATLEUR	IGS CONSIDERED IN CERTIFYING
the same of the sa	□	Moure		YES DE		
ICIAN: The law reputal or attending rificate has been of for use as the of Health priar to		21 a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c HOW INJURY OCCURRI	ED (Enter nature of injury in Part 1 or Pa	rt 2, Item 18.)
D de	MEDICAL	(If either, natify medical examine	r) P.M.	19		
DING PHYSICI by the hospit ifter this certif be detached State Dept. of		21d INJURY OCCURRED 21e. F	LACE OF INJURY ( AT HOME FARM, STR.	ET FACTORY ) 21f LOCATION Street or	RED Na. City or Tawn	Caunty State
the det		While Nat while at work	faceta antonio, re-			
by t by t ffer be o		220. I certify that (I) (this	hospital) attended the dea	eased from 17176	_, 19_68, to	19 6 8, that (I) (we) last
S A A A		saw the deceased an	ve on III	19_ <b>_62</b> and that in (my) (c	aur) apinion death occurred on th	e date and hour and from the
R ATTEND retained SECTOR: A should with the S	П	225. SIGNATURE	(I) (we) (did) (did not) view	the body over death.		
WI S		220. SIGNATURE	× asia	ATTENDING	STAFF [1]	22c. DATE SIGNED
o d o die	П	22d PHYSICIAN S	- 621cm	DEGREE PHYS	DIRECTOR PHYS	Lasky
Se de	Ш	NAME (Type) E. LE	AIN	M.D 22e ADDRESS	-18 wis cousi	n Aug
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health priar to burial, crease						
Poge Shore	Z3a	BUR AL, CREMATION, 236 DO		OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
2 2 0	25	BUPLIAL " 1-		SHERMAN, S CEMETE		
VR AIS VR	7.4	A ACCOR	Anna 1. AUI	RESS VIA 250	PEC D BY REGISTRAR 1969 256 PEGISTE	CARS SIGNATURE
■5M - 1(\$95)	-	Derive V.1	- TVZELL	VOCKMEN BY	1000	0 0



1	2106.		ERTIFICATE OF DEATH	IMORE, MARYLAND 21201 •	1684)
r death.	DECEASED NAME First (Type or print) Mami	Middle Alice	lost Duvall	2a. DATE OF DEATH  Month January  24	2b. HOUR F
	SEX Female	4 RACE White	S. DATE OF BIRTH 12/25/86	6. AGE (In years	IF UNCER I YEAR OF LINDER 24 HRS. MONTHS DAYS HOURS MEN
25 E	BIRTHPLACE (State or foreign untry)  Maryland  CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? U.S.A. 11 NAME OF HOSPITAL OR INS	8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	9 COUNTY OF DEATH  Montgomery  AL OCCUPATION (Kind of work done	Md
19	Olney  O. USUAL RESIDENCE (Where decens	give street address)  Montgomery G  ed lived, if institution Residence before	eneral Hosp. during m	ost of working life, even if retired.)  1es Clerk  IM 157   13e STREET AND NUMBER	12b KIND OF BUSINESS OR INDUSTRY Mdse
emave any eve	mission) STATE Maryland FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME I		Lost
please r	William o. WAS DECEASED EVER IN U.S. ARA Yes, no, or unknown) (If yes give w	E. Watkin: AED FORCES? ar or doiles of service) 218-34-36	17 INFORMANT RECORD		ney, Md.
burial, cremation, or removal, and in any event,	PART I DEATH WAS CAUSEI	y one cause per line for (a), (b), and (c).  BY  ATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	I thrombosis	scular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND OBETH  LUCLUM  15 years
X X	19a. DATE OF OPERATION 19b.	IDITIONS CONTRIBUTING TO DEATH BUT NO	RFORMED 20a. AUTOPSY?  YES NO	20b IF YES, WERE FINDINGS CO	
State Dept. or near	OR CONTRIBUTING CAUSE OF CEAT	H HOUR A.M. Month Day Year		r nature of injury in Port 1 or Port 2, ! . City or Town	County State
	22a. I certify that (I) (the	ive an detail (did not) view the	d from, 19_0 964, and that in (my) (mit op body after deoth.	77, to 1/24, 19 mian death occurred on the do	64, that (I) ( last last te and hour ond from the
	22b. SIGNATURE	Q- Ker mill	DEGREE PHYS.	MED STAFF 22c. E	ATE SIGNED /69
2	G BJRIAL, CREMATION, 23b			scusp Maryland  23d. LOCATION (City or Town) Clagettsvil	(Caunty), (State)
24	FUNERAL DIRECTOR VIII L. Moles	ADDRESS	250 REC'D I	BY REGISTRAR S	SIGNATURE

\* \* \*



1.	0106 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
4	CERTIFICATE OF DEATH	6.2
2 82	I. DECEASED NAME   PEOPLE PICK Middle Lost   20 DATE OF DEATH	2b HOUR
	(Type or print) Page 1 — Month Doy Yes	
-	7/// 1 170	
¥ 1.4 5	3 SEX 4 RACE 5. DATE OF BIRTH  Male- 4 RACE 4 RACE 5. DATE OF BIRTH  MONTHS  MONTHS	TEAR IF UNDER 24 HRS DAYS HOURS MIN
\$ = 8 × 3	77 69 TRS	
hours after death.  hours after death.  hour age in.	76 BIRTHP ACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARR ED 9. COUNTY OF DEATH	
The same of the sa	PENNA U.SA. WIDOWED DIVORCED MONTGOMERY	Md
7 7 9 9 7 7	TO CITY OF TOWN OF DESTU	ID OF BUSINESS OR
のできる	BRADOCK GIVE STREET OF ARRIVED THE RESTRICTION (IF NOT IN COURSE ON COURSE ON KIND OF WORK DONE ON WIND STREET ON COURSE ON CO	BD-+-
4 12 mag 5 0/2	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d INSIDE CITY L MITS? 13e, STREET AND NITMBER	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within Page 4 may be retoined by the hospital or oftending physicion.  FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely till director, page 3 should be detached for use as the burial-transit permit. Then please remove corban should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, where the state of the state	admission) STATE Md. 136 COUNTY ARUNGE / ANNAPOLIS YES NOW 403 HILLSMERE DA	Rive
eme eme	14. FATHERS WAME First Middle Lost 15. MOTHER'S MA, DEN NAME First Middle	Lost
direction of the second of the	CHARLES ME ELLROD ELIZA, MARY STE	MEP.
cion cond ii	160 WAS DECEASED EVER IN S ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT. Address	116
requires that the deoth certificate g physicion. I signed by the ottending physicion burial-transit permit. Then pleas o burial, cremation, or removal, and	Yes, no, or unknown) (1 yes give war or dates at sarvice) + TESSIE M. ELL ROD #13	
The The		PPROXIMATE INTERVAL
看 · 是 · 是 /	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CAS CLAC ACCUSE.	MET AND DEATH
dec dec		The production of the second
e o e o tion	Conditions, if any, which gove (b) Coult Connary Haromoreis 5	nun
magit at		
tro cre	stating the underlying course. Due TO, OR AS A CONSEQUENCE OR	Kara.
ysic ysic ned rial,		College,
OR ATTENDING PHYSICIAN: The low requires the be retoined by the hospital or oftending physicion. DIRECTOR: After this certificote has been signed by pe 3 should be detached for use os the burial-from ed with the Stote Dept. of Health, prior to burial, created with the Stote Dept. of Health, prior to burial, created with the Stote Dept. of Health, prior to burial, created with the Stote Dept. of Health, prior to burial, created with the Stote Dept. of Health, prior to burial, created with the Stote Dept.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
The man and the ma	NO CONTRACTOR OF THE PROPERTY	
Sing of soils	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?	IN CERTIFYING
부 을 점 8 폭 기호	TES NO	
I or u	210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.)	
Piriting Piriting	OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. Month Doy Year  OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. Month Doy Year  P.M. 19  21d INLEY OCCUPEED 22a PLACE OF INSURY AND HOME FARM STREET FACTORY 244 LOCATION. Secret of B.F.D. Mo. (August 1975)	
S s a a a a a	Take make occurred the force of model and any make the control street of K.L.D. NO. Chy Di IDWS	Stote
ATTENDING PHYSICIAN: efoined by the hospital or CTOR: After this certificole should be defoched for unith the Stote Dept. of Heal	While Not while of work of wor	
ING Se of total	220   certify that (IV (this haspital) ottended the deceased from April 1969, to 1969,	that (1) (we) lost
S all	sow the deceased glive on	our and from the
Some Some Some Some Some Some Some Some	causes stated obove (II) (we) (did not) view the body offer deoth	
With Wild Will with Will will will will will will will will	226 SIGNATURE 22c. DATE SIGNE	0 40
Direction of the part of the p	Semes & Coleman MD DEGREE PHYS MED DIRECTOR - STAFF - 1/2	1/69.
SPITAL 4 may VERAL Ior, pog	22d PHYSICANS TAMES & COLEMAN MD. 22e ADDRESS 9241 COLUMB, A BLVD MARYLY	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Page 4 may be retoined by the hospital or oftending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be defloched for use os the burial-tronsity, should be filed with the Stote Dept. of Health, prior to burial, cremate the control of t		
Poge O FUN directs	230 BUR AL CREMATION 23b DATE 23c NAME OF CEMPERTY OR CREMATORY 230 LOCAT ON (City or Town) (County)	(Ligate)
2 2 2 2	DUELTIL 1-30-69 ST. HNNE'S HWNA POLIS	110-
VR AIL NO	24 FUNTRAL DIRECTOR  250. REC'D BY REGISTRAR 200 REGISTRAR S SUNATURE  DATE AN 3 0 1969	udge:
45M \4895	Jaku M. Taylar lon Cunapolis Me. DATSAN 3 0 1969	6#



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01063 31663 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 20. DATE OF DEATH be executed within 24 hours after death. 2b. HOUR (Type or print) .Month 1 HOMAS ETZLER UAN 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthdoy) 3/30 MALE WHITE 7a. BIRTHPLACE (State of foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) 6 within 72 DIVORCED [ WIDOWED [7] MONT GOMER IN GIY OR TOWN DE DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kither of work done 12b KIND OF BUSINESS OR give street oddress) during mast of working life, even if retired.) INDUSTRY ETHESDA MONTI CO. S.4 130 USLA. RESIDENCE (Where deceased lived, if institut an Residence before 13c. CITY OR TOWN 13d INSIDE CITY EIMITS? 13e STREET AND NUMBER 13b. COUNTY OLNEY 4217 STAFFORT in any 14 FATHER S NAME 15 MOTHER'S, MAIDEN NAME FIRST Lost ۵ A Sub The law requires that the death certificate 160. WAS DECEASED EVER N U.S. ARMED FORCES? 160 SOCIALISECURITY NO. 17 INFORMÁN Address Yes no or unknown) (If yes give war or dates of service) burial, cremation, ar remayal, APPROX.MATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause por time for (a) (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) COULD CO signed by the burial-transit g Canditians, fany, which gave) rise ta mmed ate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES dam alle- lexx 15h & TO FUNERAL DIRECTOR: After this certificate 21b. TIME OF TWURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from Doc 3, 1965, to 1965, that (I) (we) los saw the deceased alive on Scalar 1966, and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did not) view the body ofter death. 22by SIGNATINE 22c. DATE SIGNED DIRECTOR PHYS 22d PHYS CIAN 22e. ADDRESS / NAME (Type) Cha 23g BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY DR CREMATORY LOCATION (City or Town) (County) (State) REMOVAL (Specify) Rockville, Maryland -4-69 Parklawn Cemetery 24 FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 25b REGISTRAR S SIGNAT itiones & PUMPHREY, Bethesda, Maryland



1		DIII	VISION OF VITAL RECORDS,	201 W DOECTON CIDES		VIAND 21201	
5-4		7106)		CERTIFICATE OF DE		01	064
. 2	1.0	CEASED-NAME First	Middle	Last	2g, DATE OF	DEATH	2b. HOUR
haurs after death		ype or print) John	13	FATO	2d. DATE OF	Manth Day	Year 2'11/Fu
- E-	3. 5		RACE	S. DATE OF BIRTH	ĺ	6 AGE (In years Figure	IDER I YEAR IF UNDER 24 HRS.
<b>a</b> ( <b>M</b> )		Mare	Write		26 1900	last birthday) Manti	NS DAYS HOURS MIN
and Sand			CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF		<del></del>
- 250	COU	ITALY	4.8.	WIDOWED DIVORCED	- 00	VTEOMERY	Md.
	10	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS		12g USUAL OCCUPATION	Kind of work done 12	L KIND OF BUSINESS OR
	5	ilver Spring	WOLU (	Y055	during most of working l	Ite, even if refired.)  INDER	IDUSTRY
plet car	13a adm	USUAL RESIDENCE (Where decaded lives in	ved, if institution: Residence before 3b. COUNTY			EET AND NUMBER	cv +
com ave y ev		1/10	Mon/gomer)	CITAL CALLED	NO□ 42		Street
ex and rem	14	ATHER'S NAME First	Middle V Last f	is. Mothèr's maide		Middle	Last
e be	<u> </u>	James Fate	anger	France	s Fate		
icati rsicis plec plec		WAS DECEASED EVER IN U.S. ARMED Fes, no, or unknown)   ( fyes give wor or d			a b a d a	Address	
phy phy nen navo	-	2710	<del></del>		a, b, c, d, e	above	APPROX MATE INTERVAL
at the death cer the attending p nsit permit. The matian, or rema		<ol> <li>CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY</li> </ol>	1/10.	A. 62/1	210,00	alla a int	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
dea tend mit , or		IMMEDIATE C		all Solve	Just o	celous	1 year
the at		Canditions if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	- TO . T	the House	XX in	Wedie
rat J. th y th emo		rise to immediate cause (a), (	DUE TO, OR AS A CONSEQUENCE OF	y falle	w of m	1 proving	- Francis
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 4 may be retained by the haspital or attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely glinectar, page 3 should be detached for use as the burial-transit permit. Then please remove carbon shauld be filed with the State Dept. af Health prior to burial, cremation, or remaval, and in any event, with		stating the underlying cause last.	(c)				V
quin ohys igne surio		PART 2 OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DIS	SEASE ORCONDITION GIVEN	IN PART I(a)	
v re ing   en s he h	2	91	uthunder	ug.			
endi endi s be as t	E	190 DATE OF OPERATION 196. CONE	ITION FOR WHICH OPERATION WAS PE	RFORMED 20a AUTOPSY?		YES, WERE FINDINGS CONSID OF DEATH?	ERED IN CERTIFYING
The grant The	CERTIFICATION			YES 🗆	NU		
AN: of cafe		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INLURY HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURR	ED (Enter nature of injury	in Part 1 or Port 2, Item	18.)
SICI.	MEDICAL	(If either, natify medical examiner)	P.M 19	)			
PHY b ha iis c tach	_	21d INJURY OCCURRED 21e. PLAC While Nat while at wark	E OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f LOCATION Street or	R.F.D. No City o	Town Co	unity State
VG I			renital) attention the decoars	d from () - (?-)	10/6/10 7	125 10/-(	2 that (1) (
Afre Afre		22a. I certify that (1) (this has saw the deceased alive causes stated abave, (1)	onI	9 and that in (my) (	our apinion death a	curred on the date of	nd haur and from the
OR:	ı		(we) (did) (did eat) view the	bady after death.			
R A retornal shapes		22b. SIGNATURE	Outle.	ATTENDING	MED. DIRECTOR	STAFF PHYS.   22c. DATE	SIGNED -// a
L OR r be r DIRE		22d. PHYSICIAN'S	- curry	DEGREE PHYS  22e. ADDRESS		PHYS. L.J	107/6/
RAL RAL		NAME (Type) John	J. Curry	226. ADURESS	201 810 M	really de	luspring
OSF UNE Botto	230	BURIAL, CREMATION, 23b DATE		CEMETERY OR CREMATORY	23d IOCATIO	(City or Town) (Cd	unty) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet director, page 3 should be detached for use as the burial-transit permit. Then please remave car should be filed with the State Dept. at Health prior to burial, cremation, or remaval, and in any event,		Methent 29 Ja					
		FUNERAL DIRECTOR	ADDRESS		REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGN	ATURE
30M REV 1 058	R	inaldi Funeral H	•me 7400 Geor	gia Ave NW	TEJAN 29 19	68 Icharle	Judge



. . . . . .

• . 1

\	1		ID STATE DEPARTMENT OF HEALTH				
200		310. i DIVISION OF VITAL RECORDS,	, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	01865			
7	L	o LU. U	CERTIFICATE OF DEATH				
7 6 6	I, D	ECEASED NAME First Middle	Last 2a. DATE OF DEATH	2b. HOUR			
eate a	(	(ype or print) William	Feingold Jan D	Yeor 1969 11 A. M			
ard one	3. S		S. DATE OF BIRTH 6. AGE (in years	IF UNDER 1 YEAR			
afte he f afte		M Cave.	Feb 2, 1884 last birthday) YRS				
y the Page	70	ADTION ACC. IC					
har bar	£00	atm.l	MARKIED MEVER MARKIEDS				
ed in 77	100	TITY OR TOWN OF DEATH III. NAME OF HOSPITAL OR IN	WIDOWED DIVORCED Montgomery	Md.			
這是選	A 100	A	ISTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work date during most of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY			
with with bord with with with with with with with with		ethesda Grosvenor L	ane Nursing the Salesman	GARMENT			
pled contract	13a adm	USJAŁ RESIDENCE (Where deceased lived, if institution Residence before ission), STATE 136 COUNTY					
com com		wash., D.C.V	YES ▼ NO □ 2120 16th	St.N.W.			
a me g	14.	FATHER'S NAME First Middle last	15. MOTHER S MAIDEN NAME First Middle	Lost			
B		Saul Feinge	old Golda	DeKeyser			
an a second		WAS DECEASED EVER IN J.S. ARMED FORCES?  The property of the p	NO. 17 INFORMANT 2] 240 ress	6th St N W			
by Sol,		(es, no, or unknown) (If yes give war at dates of service)	Mrs. Aida Feingold, Wash.,	D.C.			
G Cer		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
at England		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 1140 CALC	link interation	santantania.			
de de n', o		DUE TO, OR AS, CONSEQUENCE OF		77777			
the a		Conditions, if any, which gave)	D	1965			
y #		rise to immediate cause (a), (	·/	1700			
S #	1	storing the underlying couse					
uire nysi me irial		- W	NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)				
nding physician and certificate tree executed within 24 haurs after death nding physician and completely filled in by the funeral sthe burial-transit permit. Then please remove carbon gagers. Pages I and 2 sthe burial, crematian, or remaval, and in any event, within 72 haurs after death car to burial, crematian, or remaval.	1	- 1777 e -	TO KEDIED TO THE TERMINAL DISEASE OF CONDITION SITEM IN TAKE ((U)				
di fee din X	NOI	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIEVING			
tten day	CERTIFICATION	170. CONDITION TO K WHICH DECKNION WAS FI	- CAUSES OF BEATUR	CONSIDERED IN CERTIFIING			
e b a star x	EX	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	YES NO RAUSES OF DEATHY  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2	101			
AN all a all a sicat		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year		r, ITEM 18.)			
	MFDICAL	(If either, notify medical examiner)   P.M. 1	19				
HY has ept	≥	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FA	ACTORY ) 21f. LOCATION Street or R.F.D. No. City or Town	County State			
TENDING PHYSICIAN: inned by the haspital arons. After this certificate auld be detached for a the State Dept. of Hea	Н	While Nat while at work at work					
by fter be Stat	1	22a. I certify that (1) (this hospital) attended the deceas	sed fram Africa (my) (our) apinian death accurred an the contact and the conta	9.69, that (1) (we) jast			
END ed beld		saw the deceased alive an	body after death	date and hour and from the			
Trip 10 th		22b. SIGNATURE		DATE SIGNED			
OR be re		Mullingland	MIN DEGREE PHYS DIRECTOR DIRECTOR PHYS DI	7-6-69			
y by Diagon		22d. PHYSIC AN S	22e ADDRESS	will the			
RAIL De		NAME (Type) WALTER E. GOOZ	H MD 2309 SHOKEFIELD ROAD	MACHION			
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon against Pages 1 and 2 should be filled with the State Dept. of Health priar ta burial, cremation, or remaval, and in any event, within 72 hours after death	220	7177 012 8	CEMFTERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)			
₩ O H Specification	230	REMOVAL (Spec by 1/9/69 Bnai	The state of the s	Mass.			
	24	FUNERAL DIRECTOR ADDRESS	S 2So REC'D BY REGISTRAR 2Sb. REGISTRAR	'S SIGNATURE			
VR A15 (4) 30M REV 1/68	T	Daniel Train	14 N 1 9 1000 1171-	Can Junger			
VVIII 1/100	16	VANKANSOY 8) 149 DOC	14 3/ MAN 13 1969 1900				

10,	E.			MARYLAND STATE DEPARTMENT OF HEALTH
103	N.	1		0107: DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01066
15	2			CERTIFICATE OF DEATH
1/2	8 =	5 <del>1</del>		CEASED NAME First Middle Last 2a. DATE OF DEATH 2b HOUR
1.	る書	f and 2 er death.	T)	ype or print) VIOLA K. FERGUSON JAN 22 1969 10/M
. }	a checks		3. SE	X 4 RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 1 VER IT UNDER 2 HRS
3	# F	25		TALAL CARE TICOT (ast bighday) MONTHS DAYS HOURS MIN
13	_ z	<u>a</u> /5		
1	haurs-after	d far use as the burial-transit permit. Then please remove Carbon papers. Pages I af Health priar to burial, crematian, ar removal, and in any event, within 72 hours after the contract of th	cour	and a property of the second s
6		72 72		AWRENCE KANSAS USA WIDOWED DIVORCED Montgomery Md.
5	Fills 24	(事)		ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)  1.11 P. A. T. C. V. Industry (Industry)
13	with	₹ 70		CTI PILLOT LAVIYERANI Y 11 Y PONTO FIDIRE LIMINORY TIVORE INE CILENVING
OL.		A E	13o	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c (ITY OR TOWN 13d INSIGE (ITY LIMITS? 13e STREET AND NUMBER 13b, COUNTY 13d, COUNTY 13d
12	5 8	A Per	QUITI	SSION) STATE UT STATE OUNTY . DC. WASHOC, YES NO WASHOC
1/0	that the death certificate be executed an.	Simple 2	14, F	ATHER NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
7	pe l			INKNOWN UNKNOWN
8	artificate be ex	Spe		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address Col Real DC -
03	£ 50		Y	es, no, of unknown) (Il ves give war or dates of service) 577-01-934/ Rev W.C. Pooten: 1412 Citizen St. Sid.
N	cert	no hear		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))  APPROXIMATE INTERVA, BETWEEN ONSET AND GEATH
3	# #	permit. The		DADT I DEATH WAS CALLED BY
5	dea	EB		
1	e je	ig be		Canditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave)
نہ	# # #	tisi Hali		use to immediate cause (a)
D		re in the		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	requires the g physician.	burial transit		lost. (c)
5	phy	200		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
9	- 60 0	to the	Ιz	ARTERIOS CLEROSIS, GENERALIZED
1	way and ir	Sign	CERTIFICATION	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
$\sim$	The	S E X	Ĕ	YES NO CAUSES OF DEATH?
3	± 5 €	for us FReaft		21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
þ	CIA	る主	MEDICAL	Greather, notify medical examiner)  P.M. 19
7	HYSICIAN: hospital or		MEC	21d INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM, STREET PACTORY, 1, 21f. LOCATION Street or R.F.D. No. City or Town County State
N	he h	be detached State Dept af		The state of the s
00	ع الم	of e		122a   certify that (1) (this haspital) attended the deceased from 122 1, 1969, ta 22, 1969, that (1) (we) lost
X	d by t			22a I certify that (I) (this haspital) attended the deceased from 1969, ta 1969, ta 1969, that (I) (we) lost saw the deceased alive on 1969 and that in (my) (our) opinion death occurred on the date and haur and from the
	TEN ned	# Page		cayses stated obove, (I) (we) (aid) (aid nat) view the body after death.
	AI	144 144		22V SIGNATURE 2 1 22 /DATE SIGNED /
	OR OR De r	200 <del>2</del>		Tledro XMatias Jr) DEGREE PHYS B DIRECTOR D PHYS D Van 2 2-69
	A	g 6 4 /		22d. PHYSICIAN'S TO TO A A A TO A TO A COLOR ADDRESS A COLOR A
	SPITAL OR ATTENDING PARTIES AND A MAY be retained by the	per /		NAME (Type) (EDRO 1. MATIAS, MID: 47/2 Moretgomery JL, bets VILLE, Nid
	TO HOSPITAL OR ATTEN Page 4 may be retained	director, page 3 shauld	23a	BURIAL CREMATION, 23b DATE 23c; NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	Pag	一を表し		TOURSHIP I Jun 7/2 TO TO TO MISTALLE MILLER THE CONTROLLER OF THE
	F F	11/	24	FLINERAL DIRECTOR ADDRESS Chaper 5/250 PECD BY REGISTRAP GO 256 AGGIFRAR'S SIGNATURE
	3	VR A15 N	4	1. (LN. Chanteres of C. 1403 Changan 30 1969



13	1			01079	DIVISION OF VIT		301 W. PRESTON ST ERTIFICATE OF		ORE, MARYLAND 2120	n 9106	7
death.	merol and 2 death.		1. DE	CEASED-NAME First ype or print) Le	land	M. ddle	lost <b>Fisher</b>		January don't	1969 Year	2b. HOUR
s after	the fur oges 1 rs after		3 SE	Male		nite	S DATE OF B	1 3, 18		IF UNDER I YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS. HOURS MIN
4 hour	d in by pers. P 72 hou	***	coun	iry) Maryland	7b. CITIZEN OF WHAT C			RCED	COUNTY OF DEATH Montgomery		Md
within	tely fille bon po withm	C.D.		Rockville	9205	Marylan	ITUTION (if not in hospital d. Ave.	during most	OCCUPATION (Kind of work do at working life, even if ret re	ad.) INDUSTRY Lumber	USINESS OR
eruted	complei love cor	15	admi	USUA. RESIDENCE (Where decease	id lived, if institution. I	Residence before	Rockville	YES NO	205 Maryla	and Ave.	
o pa	an ond ase rem	1		ATHER'S NAME First Millard F		Last SOCIAL SECURITY N	El:	ialden name First Labeth	Boswell		Last
The state of the s	physici en plec ovol, a		100. Y	No -	r or dates of service) 2:	13-10-19	94 Erma H.	. Fisher	Addres c - wife- sam	ne item #	13
requires that the death certificate by executed within 24 hours after death.	physicion. signed by the attending physician and completely filled in by the furerol burial-transit permit. Then please remove corbon papers. Pages 1 and burial, cremation, or removol, and in any event, within 72 hours after deat				BY IF CAUSE (o)	over ver	m ( n	, disc	as a	BETWEEN ON	ISET AND DEATH
nat the	y the at insit per			Canditions, if any, which gove isse to immediate cause (o),	(b) DUE TO, OR AS A						
uires 1	shysicior igned b urial-tro uriol, cr			stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CON	(c)		T RELATED TO THE TERMINA	AL DISEASE OR CON	IDITION GIVEN IN PART 1(6)		·
	attending physicion. hos been signed by se os the burial-tra th prior to buriol, cre		ATION		ONDITION FOR WHICH O				20b. IF YES, WERE FINDIN	IGS CONSIDERED IN CE	RTIFYING
N: The law	ospital or attending certificate hos been thed for use os the pt. of Health prior to	X		2ìa. ACCIDENT WAS UNDERLYING			YES		CAUSES OF DEATH?	rt 2, Item 1B.)	
PHYSICIAN:	the hospital this certifice detached for e Dept. of Ha		MEDICAL	or contributing Cause of Death (If either, notify medical examin 21d INJURY OCCURRED 21e.)	HOUR A.M. Mo er) P.M. PLACE OF INJURY (AT H	onth Day Yeor  19 OME, FARM, STREET, FACT	ORY ) 21f. LOCATION Stre	et ar R.F.D. No.	City or Town	County	State
(D)				While Not while 220. I certify that (I) (this saw the deceased all				, 19_5	2 ta   - 2	, 19 <u>.6%</u> , that	(I) (we) los
ATTENDIN	Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State			saw the deceased al couses stated above 22b. SIGNATURE	ve on 1 d , (I) (we) (did) (did	not) view the b	ody after death.	ny) (aur) opini	on death occurred on th	e dote ond hour o	nd from the
AL OR	y be re			22d PHYSICIANS	X I Juli	1	DEGREE ATTENDI PHYS 22e- ADE	LAL DIRE	CTOR PHYS.	1-2-(	7 1:-11
TO HOSPITAL OR ATTENE	Page 4 may be retained Funeral DIRECTOR: A director, page 3 shauld should be filed with the	1	23a	NAME (Type)  BUR AL, CREMAT ON, 23b. D	ATE	23c NAME OF C	EMETERY OR CREMATORY		23d. LOCATION (City or Town)	(County)	(Stote)
5	5 5 F	ΩΩ		FUNERAL DIRECTOR	4/69		y's Cemeter	2So REC'D BY I	Rockville,	Montgome	
	VR A35 (4 30M REV, 1)	1471		son Wheeler F	. H. Rock	ville.	lle Pike	DATIAN 6	1969	areas June	

• ŧ 75 .

5_1	Ir ±	tem7F-11m 3409 271./69 IMARYLAND STATE DEPARTMENT OF HEALTH ems. 188.22DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	5 <u>-</u>	18 492 ms MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1868
HEALTH DEPT.		DECEASED NAME FIRST Cost Print) REGINA 107 E. Middle FITCH 20 DATE KNOWN Month Do OF EST. DEATH MATED 1 - 2	9 1969 85 W
delay is and 3 to M3. Page	3 5	SEX FEMALE 4 RACE S DATE OF BIRTH 6 AGE (In years IF JINDER 1 YEAR OF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD MONTHS DATS HOURS MAN MONTH 1 Day 29	Year 69 8:50
form 2,		BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH NOT OF DEATH NEVER MARRIED NEVER MARRIED MONTGOMERY	Ma
death Arth		CFTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b	DUSTRY
s offer 18 Gw. b f death.		uSUAL RESIDENCE (Where deceased lived, firstitution Residence before 13c CITY OR TOWN 13d INSIDE CITY CHAITS? 13e STREET AND NUMBER 9824 Georgia	a Ave.
haus Item Offic Offic after	14. 1	FATHERS NAME First Middle Lost 15 MOTHERS MAIDEN NAME First Middle  Adolph Scheide Frieda	Bah <b>r</b>
hin ninei page hau		WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes no grunknown) (1yes agree word dates of service) (16b. SOCIAL SECURITY NO NO Sabine D Parks 419 Hillmoo	r Dr. Spri
be executed wit "pending" in pe lief Medical Exan must permit. File event within 72		18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c)) PART   DEATH WAS CAUSED BY IMMIDIATE CAUSE (a) Spontaneous subarachnoid hemorrhage;	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hould be executed word "pending". The Chief Medical rial-transit permit.		DUE TO, OR AS A CONSEQUENCE OF	
d be d "p Chief trans		Conditions, if only, which gove rise to immediate couse (b). Hypertensive cardiovascular disease  (b) Hypertensive cardiovascular disease  DUE TO. OR AS A CONSEQUENCE OF	
shauld be en ward "per on the Chief burnal-transit		stoting the underlying couse   DUE TO, OK AS A CONSEQUENCE OF	
certificate writing th inwarded t used as a naval, and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
the fact	MEDICAL CERT	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19	18.)
<b>Z</b>	MED		County State
NI EXA		22a   certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry	and in my apinion
please e retained . DIRECTION TO bus pure to bus contractions to b		death resulted from. Natural causes 🔀 Accident 🗍, Suicide 🗍, Hamicide 🗍, Undefermined manner	]
ITY DICTOR (1974), please teral director control of retained RAL DIRECTOR (1974), prior to bi		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE SIGNATURE 22b. DATE SIGNATURE 22b. DATE SIGNATURE	ENED
necessary, please execute the funeral director Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S BELOEN READ M. DEPLITY MEDICAD EXAMINER OF THE NAME (Type) BELOEN READ M. DEPLITY MEDICAD EXAMINER OF THE NAME (Type) BELOEN READ M. SERVICE OF T	30,1969
10 10 10 10	230	Cremation 1-31-69 Cedar Hill Crematory Suitland Pr. G	ounty) (State) Seo Md.
VR A15ME (5) D.R		FUNERAL DIRECTOR 7557 Wishersin Ave 250 REC D BY REG STRAR 256 REG STRAR 5 SIG Robert A Pumphrey Bethesda, Md DAFE B 3 1969 ACCORD	
10M REV 1/68	1	Robert A Pumphrey Bethesda, Md Date B 3 1969 (Charles	1 0.

.... 12/ 3/2

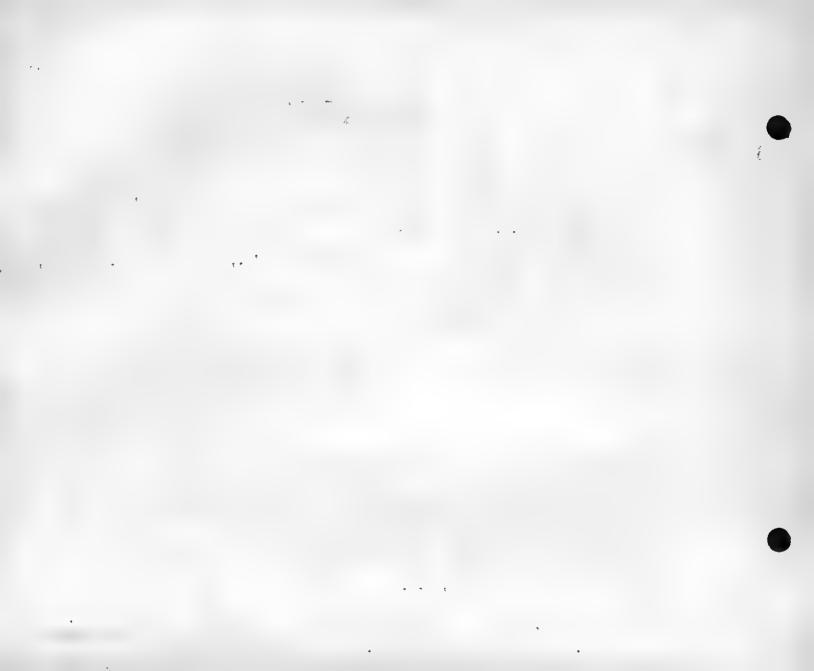
nt 1. r. 2 r 3

. \* ŧ

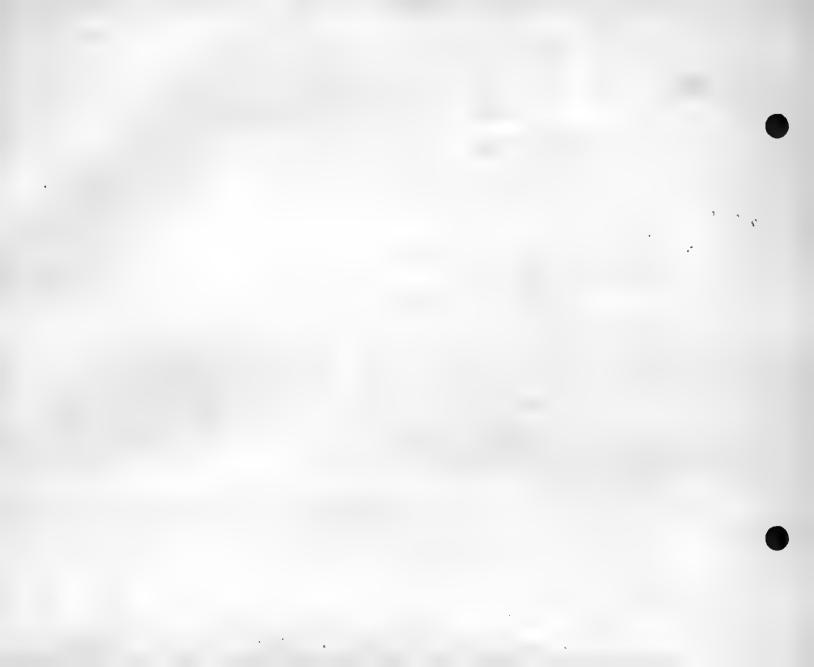
1.1		Г	0.4.0.19172		IND STATE DEPARTMEN		
41			01075	DIAIDION OF ALLYE KECOKD	CERTIFICATE OF D	ET, BALTIMORE, MARYLAND 2120' FΔTH	01070
2 62		1 0	ECEASED NAME First	M.ddle	Lost	20. DATE OF DEATH	2h MOUB
purs after death		- (	(ype ar pnnt) ERNE		FLETCHER		Day Year F. M
草鱼		3 SI		4 RACE	S DATE OF BIRTH	6. AGE ( n years	IF UNDER YEAR IF UNDER 24 HRS
			Male	Cauc.	Feb. 1	L <b>6</b> , 1899   last birthday) y	RS, MONTHS DAYS HOURS HIN
Paurs		7a	SIRTHPLACE (State or fare gn	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE	9. COUNTY OF DEATH	
		COU	enna.	U.S.	WIDOWED DIVORCED		Md.
within value		10. (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If not in hospital	120. USUAL OCCUPATION (Kind of work do	ne 12b. KIND OF BUSINESS OR
tely the right	ı		Bethesda	4400 Last	-Vest Highway	during most of working life, even if settire	. Retired
ple ed	15	13a. odm	USUAL RESIDENCE (Where deceosission) STATE  ary Land	sed lived, if institution: Residence before 13b COUNTY	B 13c. CITY OR TOWN 13d	INSIDE CITY LAMITS? 13e. STREET AND NUMBER	West Highway
execution camparents any ev			ATHER'S NAME First	Middle Last	15. MOTHER 5 MAIDE		
be exand	í		Robert Fle	tcher		Annie Stewart	1.031
orte cian and			WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b SOCIAL SECURIT		Sictor Address	
ertificate be physician c nen please aaval, and in			es, na, ar unknown) (fyes give w	wor or dates of service) 174-32-1	2267 Mrs. Ann	na E.Walls Same	as Item 13.
The Po			18. CAUSE OF DEATH (Enter an	nly one couse per line far (a), (b), and i			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
te death ce attending p permit. The			PART I. DEATH WAS CAUSEI	D BY: ATE CAUSE (a)	cordial )	Interelian	SE WALL DIGHT AND DEATH
ne deat attend permit. ian, ar I			4109	DUE TO, OR AS A CONSEQUENCE (	DF C	7	
of the			Canditians, if ony, which gove		mary a	lang Disease	10 ms
ss that tl ician. Id by the I-transit I, cremat		ŀ	rise to immediate cause (a), stating the underlying couse(	DUE TO, OR AS A CONSEQUENCE (	)F		0
equires I physicia signed I burial-tr			last,	(c)			
equires physic signed burial burial			PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	ISEASE OR CONDITION GIVEN IN PART 1(0)	
iw re ding een the ir ta	3	3		nous			
4: The law requires the or attending physician, the has been signed by the or as the burat-trained the priar to burial, and the priar to burial, and	a 8	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 200. AUTOPSY	20b. IF YES, WERE FINDING	GS CONSIDERED IN CERTIFYING
The share the state of the stat		RTE			YES 🗌	NO F38C	
AN: al ol cate ar 1			210. ACCIDENT WAS UNDERLYIN TO RICONTRIBUTING CAUSE OF DEAT		21c. HOW INJURY OCCURI	RED (Enter noture of injury in Port 1 or Part	2, Item 1B.)
SICI Spite ed ted to		MEDICAL	(If either, natify medical exomit	ner) P.M	19		
OR ATTENDING PHYSICIAN: The law rebe retained by the hospital or attending DIRECTOR: After this certificate has been le 3 shauld be detached far use as the ed with the State Dept. of Health priar tal		W	21d :NJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACIDRY.) 21f. LOCATION Street of	r R.F.D. No. City or Town	County State
ING Dy fl ter se d			220 L certify that (I) (th	is haspital) ottended the decea	ised from	2-19 0 = 10 1 - 20.	1969, that (I) (we)-last
ed le			saw the deceased a	live an 10 - 8	_196 S, and that in (my)	(our) opinion deoth accurred an the	dote and haur and from the
THE STATE OF THE PERSON OF THE			22b SIGNA)URE /	e, (I) (we) (did) (did not) view th			
AL OR ATTEND by be retained 1 L DIRECTOR: Al order 3 should 8 filled with the S	ı		220 SIGNATURE	I 1 Kanda	OF DEGREE PHYS	MED STAFF	22c. DATE SIGNED 1-28-69
y by by by billing			22d PHYSICIAN S		DEGREE PHYS.  22e. ADDRES:	- 0 KCC10K 11113	
PIT MICHAEL RAIL				FORD J. RANDAL		Washington, D.	rrace, N. W.
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page 3 shauld be filed		230	BURIAL, CREMATION, 23b (	DATE 23c NAME C	F CEMETERY OR CREMATORY	23d TOCAL ON (City or Town)	(County) (State)
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be constant to the state		B <sub>1</sub>	DEMOVAL (Specify)	-31-69 West	minister Ceme	etery Philadelphi	ak Penna
	4)	24	FJNERAL DIRECTOR	ADDRE	55 25	o.DE By REGITAS 59 256 /REGISTRA	ARS S GNATURE
VR A15 (45M × 17	69	R	DBERT A. PUM	PHREY, Bethesd	a, Md.	ATE	y



MAKILAND STATE DEPARTMENT OF BEALTH



			MARYLAND	STATE DE	PARTMENT OF H	EALTH	
		04077	DIVISION OF VITAL RECORDS, 3	01 W. PRES	STON STREET, BALTIN	MORE, MARYLAND 21201	
•		0107.	CE	RTIFICA	TE OF DEATH		01072
4 24		CEASED NAME First	Middle		Last	20. DATE OF DEATH	2b. HOUR
death	(1	ype or print) Feder	Calvin	Fo	rner	Manth Do	4 Year 949 3 PM
	3. SE	X	4 RACE		DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
S. S		Male	white		11.25.97	last birthday) YRS.	MONTHS GAYS HOURS MIN
Por A	7a. (		7b. CITIZEN OF WHAT COUNTRY?	MARRIED 🔀	MEACK WAKKIED [ ]	COUNTY OF DEATH	
24 h ed in ppers 72 h		Pennsylvana	4.5.	MIDOMED	D.VORCED	Montgomery	Md.
thin 24 filled n pape		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTE	STION (If not in		. OCCUPATION (Kind of work done as of working life, even if retired.)	12b KIND OF BUSINESS OR
ertely with		USUAL RESIDENCE IWhere decease	d lived, if institution, Residence before 1	3c CITY OR TO	WN 13d INSIDE CTY LIM	152 130 STREET AND NUMBER	JU.S. RAPE
ecuted with completely ove corbon y event, wi		ssion) STATE M	Prince Grange	Laure	YES NO	TOO WINCE! THIS HOMBER	land Drenes
e executed and confirmations	14.	ATHERS NAME First	Middle Lost	15 M	OTHER'S MAIDEN NAME FIR	st Middle	Lost
be an an din the		David	Forna		La	cipta ?I	)eshoun
physical physical physical pen pleds	16g	WAS DECEASED EVER IN U.S. ARME es ling, or unknown) (1, yes give wa	TO FORCES? 16b SOCIAL SECURITY NO 214 46 679.	3 17 INFO	1 5	O Address	7
<b>生人多</b> 8		1 11 11			wife to	hart + dae	APPROXIMATE INTERVAL
he death cert attending p permit. (The		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (b), and (c).)				BETWEEN OWSET AND DEATH
deat tend mit.		IMMEDIAT	E CAUSE (a)	~~~ °	7 7/12 1	ung	
the e at		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF		•	U	
not J. th y th y th como		rise ta immediate couse (a),{	(b)				
es the sicial back by the sol, cr		stating the underlying couse last.	(c)				
equires that the physician. signed by the buriol-transit is buriol, cremati		PART 2. OTHER SIGNIFICANT COND	OITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO TH	IE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
w re ing een een the	*						
s lov fend is be as I prioi	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PERF	ORMED	20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
The same X	ERTIFI	al - Accinent was little a visio	Tay and AF HIGH		YES NO		10.
AN: al o al o icat for Hec		216 ACCIDENT WAS UNDERLYING CAUSE OF DEATH	HOUR A.M. Manth Day Year	21c. HOW	INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 18.)
SIC Spit ertil red t. of	MEDICAL	(If either, natify medical examine 21d IN.JRY OCCURRED 21e. F	P.M. 19	64.) 31£ 10CV.	IION Stroot or D.E.D. No.	City or Town	Caunty State
TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after ined by the hospital or attending physician.  OR: After this certificate has been signed by the attending physician and completely filled in by the attending physician and completely filled in by the sould be detached for use as the buriol-transit permit. (Then please remove carbon papers. Pages in the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after		While Not while at work	PLACE OF INJURY ( AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC	211. 1004	HOM SHEEL OF KILD HO.	cut or rown	Cabin 7
ING by the ter i		22a. I certify that (I) (this	haspital) attended the deceased ve an 19	from D	<u>u 13,19 l</u>	of, 10 Jon 4, 19	6 1, that (I) (we) last
END lied to		saw the deceased ali	ve an 19 (1) (we) (did) (did nat) view the bo	and the	hat in (my) (aur) apın ıth	nian death accurred an the d	ate and hour and fram the
ATTO Short if the transfer of		22b. SIGNATURE	(i) (we) (aid) (aid iid) view iiie bi	dy diter dec		221	DATE SIGNED
OR OR The Land of		Roma	Goble my	-> DEGREE	ATTENDING ME	RECTOR D STAFF D	ont, 1969
TAI noy AI C Poog		22d. PHYSICIAN'S NAME (Type) BORE	RABKIN M	10.	22e ADDRESS	est Rado	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in thy the director, page 3 should be detached for use as the buriol-transit permit. (Then please remove carbon papers. Age should be detached for use as the buriol-transit permit. (Then please remove carbon papers. Age should be detached for use as the buriol-transit permit. (Then please remove carbon papers. Age should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours.				HETERY OR CO.	11019 Um	The location of	Com Com sign
Poge Poge FU sho.	23 q.	BURIAL, CREMATION, 23b. D REMOVAL (Specify) Jan	7, 1969 23c. NAME OF CE		etery	23d LOCATION (City or Town) Mercersburg Fran	(County) (State)
	24	FLINERAL DIRECTOR	. ADDRESS		2Sa. REC D BY	REGISTRAR 25h REGISTRAR	S S CNAT DE
VR A15 (4) 30M REV. 1/68		F. Ga	sch's Sons Hyatts	ville,	id. JAN 9	1369 piccare	as Judge



•	1	MARITAND STATE DEPARTMENT OF HEALTH
1		OTION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
13		CERTIFICATE OF DEATH 01073
ج <sup>ا</sup> مح		DECEASED-NAME Q First Middle Lost SR 20 OATE OF OFATH 26 HOUR
after death he funeral Jes I and 2 after death	- (	Month Dru Year - 20
p and	3 5	ALLEY JAN 1967 1 4 M
of the factor of	1,,	0. WOL (11) A012
s aft	L	MALE WHITE AUG. 11-1904 last birthday MONTHS DAYS HOLPS MIN
	7a	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED 9 COUNTY OF DEATH
	COU	Mal- U-S-A- WHOOMED TO A MODELED TO
hin 24	10	CITY OR TOWN OF DEATH  11 NAME OF MOSPITAL OR, INSTITUTION (If not in haspital 120 USUA, OCCUPAT ON (King) of work done / 126 KIND OF BUSINESS OR
Se executed within 24 hours after death and completely filled a by the funeral serious carbon daper. Pages I and an any event, within 72 hours after death		Olney md. Haroke Love Francololius God Harring most at margine fretired) Indistry
of the set	- 13a	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 136 INSIDE CTY LIMITS? 13e STREET AND NUMBER
acuted with		nissian) STATY Md. 13b (GUNTY Mentgemery Derwood YES NO# 6821 Garrett Rd
and and search and sea	14	FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle Lost
and		Thomas freley Morele alin Brake
9 9 8	160	WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECORITY NO   17 INFORMANT Address
ATENDING PHYSICIAN: The law requires that the death certificatarined by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician should be detoched far use as the burial-transit permit. Then ple with the State Dept. af Health prior to burial, crematian, ar remayal, or		Yes, no or pyknown) (if yes give wor or dolles of service, 219 01 8160   Ruby S. Fraley Same as 13
th certific	-	
at the death cor the attending p nsit permit. The motion, ar rema		18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c)) PART I DEATH WAS CAUSED BY  APPROXIMATE INC. RETWEEN ONSTIAND DEATH.
ent ent ent ar I		MMEDIATE CAUSE (a) Collegisting Heavy Hallyre
e d offi		DUE TO, OR AS A CONSQUENCE OF
at it is		Conditions if any, which gave) /// HV varian / Const. 5 (ama) / Marien
hat hat yy t ans		rise to immediate cause (a).  Stolling the underlying cause  DUE TO, OR AS A A ONSEQUENCE OF
\$ 6 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1	stating the underlying cause DUE TO, OR AS ACCUNSEDJENCE BY
quires that the physician. signed by the burial-transit burial, cremot	1	(1) (0) (0) (1) (1)
a si	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ing een the	8	
AN: The law requires that the deat of ar attending physician. It is been signed by the attendiar use as the burial-transit permit Health prior to burial, cremptian, ar	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
E to B to X	1 8	YES NO CAUSES OF DEATH?
ar a		
<b>智</b> 重 第 2 年	를	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Munth Doy Year
rsp refr red red red	MEDICAL	
he he he		21d INJURY OCCURRED While Not while 1 the Not
e e e e e		all Mosk of Work
be Store	1	22a I certify that (I) (this hospital) attended the deceased from 10 1, 19 10, ta 1961, that (I) (we) last saw the deceased abuve on 1961, and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated above, (I) (we) Joid) (aid not) yew the body after death.
P P P P P P P P P P P P P P P P P P P	F	saw the deceased alive on the date and haur and from the
Tie Seit		
WIN WIN		226 SIGNATURE ATTENDING TO MED. STAFE 220 PATE SIGNED
De be		DIRECTOR PHYS. PHYS. PHYS. PHYS.
AL AL	L	22d. PHYSICIAN'S NAME (Type) William S. Furphy 22e. ADDRESS Montgomery Ave Rockville Md
SPI 4 m db		NAME (Type) William 52/ "urphy 615 "ontgomery Ave Rockville "@
HO GUL	23a	BURIA., CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be fied with the State Dept. af Health prior to		REMODIA Seal Jan. 6 1969 St. Lukes Derwood Mont. Md.
Γ α	24	ELINERAL DIRECTOR Francis H. Barber ADDRESS 250 REC'D.BY REGISTRAR 250. REGISTRAR 5 SIGNATURE
VR A15 45 V	13	rancis H. Barber Laytensville Md Will 8 1969 Hellander Judge
13.		UAIT WAIT

.0

MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 () A d 1075 CERTIFICATE OF DEATH 2b HOUR P Last DECEASED-NAME First Middle 2a. DATE OF DEATH be executed within 24 hours after death and sempletely filled in by the funeral remave carban papers. Pages and 2 nany event, within 72 haursafter death Month 16 Day 69 FRANSKO (Type or print) BERTHA MATILDA 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNCER 1 YEAR IF UNCER 24 HRS. last birthday) DAYS HOURS 10-26-02 White Female YRS. 9 COUNTY OF DEATH 70, BIRTHPLACE (State or foreign 7b. CIT-ZEN OF WHAT COUNTRY? 8. MARRIED [ ] NEVER MARRIED [ ] Kansas U.S. WIDOWED -DIVORCED [ Montgomery IG CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR g ve street oddress) Montgomery General during most of working life, even if retired.)
Housewife INDUSTRY 2 Olney 13c CITY OR TOWN 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md 13b COUNTY YES -NO -Howard Rt. 216 Fulton burial, crematian, ar remaval, and in any 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Mrddle Middle Last Boettcher Dora John physiclan requires that the death certificated 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANI Address (If yes give war or dates of service) Yes, no, ar unknown) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) FEWFEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY ri IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE 4 may be retained by the haspital ar attending physician. stating the underlying cause. last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficate has been s far use as the b f Health priar to b 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION CAUSES OF DEATH? YES Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year detached for P.M (If either, natify medical examiner) director, page 3 shauld be detached shauld be filed with the State Dept. 21e, PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY, ) 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from , and that in (my) ( opinion death occurred on the date and hour and from the sow the deceased olive on. causes stated above, (i) (did) (did bet) view the bady after death 22b. SIGNATURE DEGREE DIRECTOR PHYS PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OF CREMATORY \*OCATION (City or Town) 23o. BURIAL, CREMATION 23b DATE (County) \*State) \25b VINERAL DIRECTOR 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3108\_ 21076 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, Institution Residence before admission) o COUNTY P COUNTA Montgomery
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) MARYLAND District of Columbia

( CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) executed within 24 hours after E LENGTH OF STAY IN TH remave carban papers Par in any event, within 72 hours in by Silver Spring Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? filled 906 Hamilton Street. University Nursing Home YES 🗀 NO T carban NAME OF 4. DATE Last Day Year campletely DECEASED Type or print) JACK FREEDMAN DEATH January 6 COLOR OR RACE B DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED Male White March 10 1898 and 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Bakerby the attending physician ransit permit. Their please INDUSTRY **COUNTRY?** Food requires that the death certificate Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or remayal, Samuel Freedman Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO permit. (Yes, na, ar unknown) (If yes give wor or dates of service) 160-07-6772 Rabbi Harry Kranz 805 Whittington Terrace 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH STANDSTILL IMMEDIATE CAUSE (a) by the haspital or attending physician DUE TO ARTERIOS CECROTIC CARPIONALULAR DISENSE Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO [20] 20g. ACCIDENT WAS UNDERLYING IT 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part i or Part iI of item 18.) OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form, 20f. (City or town) (State) (County) MED Haur a m factory, street, affice blda, etc.) Not White ATTENDING at wark d from \_\_\_\_\_\_, 19 69, to ARCE (EM) 19 \_\_\_, that (1) (we) last and that death occurred at 800A M, from causes and on the date stated above. 21. 1 certify that (1) (this hospital) attended the deceased from be retorned saw the deceased alive on 226 SIGNATURE M.D PHYS DIRECTOR PHYS TO HOSPITAL (Page 4 may b 22c. PHYSICIAN S 22d ADDRESS NAME (Type) Allan B. Cohan 13515 Georgia Avenue, Silver Spring 23d LOCATION (City or Town) 23a BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Mount Lebanon Cemetery

ADDRESS 232 Carroll 250, 1 Hyattsville 250 REC'D BY REGISTRAR VR A15 (4) 25M 1/67 1969 Hebrew Memorial Funeral Home Street, N.W. Wash





	- 1			B D 41 B 1 B 1		D SIAIL DEFAK					
			3108	DIAIZION OF		301 W. PRESTON	-	MORE, MARYL	AND 21201	0107	8
<u>.</u>			3103		(	ERTIFICATE O	F DEATH			2. 0	1)
xecuted within 24 hours ofter deoth completely filled in by the funeral nove corbon papers. Pages 1 and 2 by event, within 72 hours after deoth.			CEASED NAME Fir	st	Middle	Last	•	2a. DATE OF DEA	TH		2b. HOUR
rol nd eatl		(1	rps or print)	Ο		p- 11			Month Doy		4 A. M.
p. do		3 SF	Cynthia	Ann 14 RACE		S DATE OF		l Jan	9.	19 C 9	F UNDER 24 HRS.
free free free free free free free free		3 36		4 KACC				D.	AGE (in years ast birthday)		HOURS MIN.
S o s			emale	Caucas		4/2	29/94		74 YRS.		
by by			IRTHPLACE (State or Foreign	76 CITIZEN OF WHA	AT COUNTRY?	8 MARRIED T NEVER	MARRIED	9. COUNTY OF DEA	ATH		
4 h lin Rers	r	COUR	Kentucker	U.S.A		WIDOWED DI	VORCED 📑	Montgon	201 C)		Md
led page		10 C	TY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL OR INS	TITUTION (If not in hospite	ol 120 USUA	L OCCUPATION (Kir	nd of work done	125, KIND OF B	
\$ 5 E	15%	(	11.11- 0	give st	reet address)	ussing Home	diff.ua wo	st of warking life,	even if retired)	INDUSTRY	
executed within 24 hours ofter death completely filled in by the funeral move corban pepars Pages 1 and 2 move corban, within 72 hours after death		130	JULY -Spring	need lived it nestitution	Onial Ville N	HISCORTOWN	13d INSIDE CITY EIN		AND NUMBER		
ted ple co	15	admi	isian) STATE NA I	13b COUNTY	31. Kazidelice Datole		1				
execution compared to the comp	1		1,14	1.1	7, , ,	Takoma Park			1- Maple	Ave. A	pi 206
5 E E E	-/-	14 F	ATHERS NAME Fyst	Middle	Lost	IS. MOTHER'S	MAIDEN NAME FI	rst p)	Middle	7111	Lost
			Fiele	anc)	Marx	4/	116	ellu	(	Heddl	).
ertificate to execute the physician and chen please remonount, and in only		160.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURITY I	IO 17 INFORMANT		2.11	Address		1.1.
is a b		Y	s, no, or unknown) (If yes giv	e war or dates of service)		They	2 moral	· Lullar	, 7977	MARCH	RICHRES
rent pl pl			19 CALISE OF DEATH (Enter	anly and emiss not live	a for (a) (b) and (c)		1			APPROXIME	TE INTERVA.
ne deoth cer ottending p permit. The			18. CAUSE OF DEATH (Enter PART 1 DEATH WAS CAU IMME	SED BA-	e for (o), (o), and (c):	CHA	U			BETWEEN ONS	ET AND GEATH
ne death offendir permit.			IMME	DIATE CAUSE (a)		. (011				756	10 2 mg
of of			4367		A CONSEQUENCE OF	j.	. 0				
th the the sit partition			Canditions, if any, which gov			an Honor	Chasis			3-10	475
ss that thickon. Iction. Intransit Intransit I, cremat			stating the underlying caus	DUE TO, OR AS	A CONSEQUENCE OF	*	,				(.
ed ed of			lost.	(c)							
equires that the death certificate the exercision. signed by the ottending physicion and combural-transity permit. Then please remoburial, cremation, or removal, and in any			PART 2. OTHER SIGNIFICANT O	ONDITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVEN IN	PART I(o)		
CLIAN: The law requires that the death certification or otherding physicion. Trificate has been signed by the ottending physicial for use as the burial-transit permit. Then ple of Health prior to burial, cremation, or removal, of		×		nother	CVAY						
and be so the state of the stat	m	CERTIFICATION	190 DATE OF OPERATION 19	b. CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED 200 A	UTOPSY?		, WERE FINDINGS C	ONSIDERED IN CER	TIFYING
The roth of the control of the contr	d					YES	☐ NO [5]	CAUSES OF	DEATH?		
or or under			210. ACCIDENT WAS UNDERLY			21c. HOW INJURY	OCCURRED (Enter	noture of injury in	Port I or Part 2,	Item 18.)	
CIAN: ifial o ificot for for		MEDICAL	(∏OR CONTRIBUTING (☐CAUSE OF D (If either, not; fy medical exa	EATE HOUR A.M. Thiner) P.M.	Manth Day Year						
5 PHYSIC the hospital this certial detached e Dept. of		WED		e. PLACE OF INJURY (		TORY.) 21f LOCATION S	itreet or R.F.D. No.	City or 1	lown	County	State
P.H. e h. is tac Dep			While my Not while my	(	OFFICE BUILDING, ETC	/					
of t b a			of work of work	this besselves and	adad sha daaana	d func. To	10 /	F to +-	- CT 1/1 10	/ 50 alone 1	IV formal local
DIN by be Sto			22a. I certify that (1) ( saw the deceased	alve ap	naea me decease	9 6 and that in	(my) (mus) anic	ian doath acci	greed on the de	to and haur a	nd from the
the Section 1			causes stated aba	ve. (1) (we) (did) (	dwant) view the	bady after death.	(my) (oor) apri	nan deam deci	mes an me ac	ie alia liggi a	ila naili nie
A State of State			22b. SIGNATURE	0 -					22c.	DATE SIGNED	
OR ATTENDING PHYSICIAN: The be retained by the hospital or otte DIRECTOR: After this certificate has je 3 should be detached for use o ed with the Stote Dept. of Heolth pr			-R.	K h	mo	DEGREE PHYS	NDING MI	ED. ST RECTOR D PI	AFF HYS	1-9-65	>
The part of the pa			22d PHYSICIAN'S	m general	^ 1	- 11145	ADDRESS _		112.	- 1	
Poge 4 may be retained by the hospital or ottending To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	- [	,	22d PHYSICIAN'S NAME (Type)	7. H. Sono	Retrom 1			rrall AVR	TKP1	c and	
HOS Je 4 Grit oulc		250	BUR AL CREMATION, 23	DATE	23c NAME OF	CEMELERY OF CREMATOR	Y	23d TOTATION (	y ar Jown).	(County)	(State)
5 5 5 F 4		_	KEMOVAE (Specify)	W. B. A6.	9. Duns	of Money	1601	Sugar	and The	net la	/
	at.	24	FUNIFRAL DIRECTOR	W (Ir	DONESS	251	Asa Seco By	REGISTRAR 3 1969	2Sb., REGISTRAR'S	SIGNATURE	
VR A15 (4 30M REV 1)	/68	M	HALL I SUNOXAL	AGNIE YAY	Thux Hallos	Jan Stella	DATE	3 1969	Kulan	A Judge	2
		-		7.7.7							



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	
× 0 0 7=	1. DECEASED-NAME (Type or Print)  OF ESTI- DEATH MATED TO THE KNOWN Month Day Year 26 HOUR OF ESTI- DEATH MATED TO THE KNOWN MONTH Day Year 26 HOUR OF ESTI- DEATH MATED TO THE KNOWN MONTH DAY YEAR 26 HOUR
33 t 29 1	3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 14 HPS 2c DATE PRONOUNCED DEAD 2d HOUR
delay and 3 A3. Poc	STA / / / A A A A A A A A A A A A A A A A
any deloy is , 2, and 3 to PM3. Page eportment at	
	70 B RTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9, COUNTY OF DEATH
form form	Coursaltimace GS 17 W.DOWED DIVORCED MONTGOMENY MG
deoth with for with for	10 C.TY OR TOWN OF DEATH  NAME OF HOSPITAL OR INSTITUTION (If na) in haspita   12a USUAL OCCUPATION (Kind of wark done   1.26 KIND OF BUSINESS OR during most of working life, even if returned   INDUSTRY
fer deoth Give Poges ang with fo	Delle Retired-Parts Mgr. Automotive
and and and	.3g USDAL RESIDENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY ON 13e, STREET AND NUMBER
hours after Item 18. Give Office olang I and 2 w th the after death.	odmission) STATE M. D. 136. COUNTY Montgomery Bethesda VES X NO 1 4620 M. CHELSea LANG
hours Item 13 Office 1 and 2 ofter d	14 FATHER S NAME First Middle Lost 15. MOTHER S MA DEN NAME First Middle Lost
4 = 0 = 2	CHARLES E FUITZ LYDIA F. COOPER
nitin 24	160 WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO 17, INFORMANT ADDRESS
within pench coming	(Yes, no, or unknown) (Hyos give war or dates of service) \$77-07-0331 A Son Charles above
(AMINER: Th.s certificate should be executed within 24 hours after death te the certificate, writing the word pending in pench in Item 18. Give Poging 4 should be forworded to the Chief Medical Examiner's Office along with your files.  age 3 should be used as a burial-transit permit. The pages land 2 with the Statemation, or removal, and in any event within 72 hours after death.	ADDOMINATE HISTORY
fig.	BETWEEN ONLY THE TOTAL ONE COLSE PET WHE TOT (CI), CIT) (C), CITO (C))
executed nding ' I Medicol permit.'	IMMEDIATE CALSE (a) C8/C1/3/9/11/05/17/03/3/14-0/2
F M ent	DUE TO, OR AS A CONSEQUENCE OF
be hie be	Cond trons, if any, which gave   (b) Cardio Vascular Disease Years
ond only only	stating the underlying couse Dut TO, OR AS A CONSEQUENCE OF
s certificate should be executed e, writing the word pending is forworded to the Chief Medical used as a burial-transit permit.	fast (c)
d to b	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FART 1(a)
fico fing rdec as	2
certil wr th orwor	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
for the rem	19a DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20 AJTOPSY?  YES NO DECEMBER 100 NO
INER: Th.s e certificate, should be fo files. 3 should be continued the	2.a EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, tem 18.)
s. sould only only	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P M 19  21d. NavRY OCCURRED 21e. PLACE DE INJURY (At home form street 21f LOCATION Street or R.E.D. No. City of Town County State
INER e cer shoul files. 3 sho	21d. MacRY OCCURRED   21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote
## # Page Page Page Page Page Page Page Page	WHILE - NOT WHILE - factory, office building, etc.)
SICAL EXAMINER: se execute the cert cror. Poge 4 should ned for your files. ECTOR: Page 3 should buriol, cremation,	AT WORK   AT WOR
TY DICAL E  y, please executed director. Poper reto ned for the prior to buriol, prior to buriol,	22a. I certify that I taok charge of the remains described above, held an Autopsy, Inspection Z, Inquiry Z, and in my apinton
ITY DICA ry, please e erol director be reto ned RAL DIRECT prior to bu	death resulted fram: Natural causes 🔀, Accident 🔲, Suicide 🔝, Homicide 🔲, Undetermined manner 🗍
please directs directs reto ne DIREC	ACTUAL CHEF MEDICAL EXAMINER CONTRACTOR SIGNED
A. A. A. Drrio	SIGNATUREMD. ASSISTANT MEDICAL EXAMINER
Son Son Market	EXAMINER'S  JOHN G. BALL  ADDRESS(Street city town of (quiply)  Delta and a plantage of the party of the part
necessory, please execute the funeral director. Page 4 5 may be reto ned for your for Funeral Directors: Page Health prior to buriol, crem	betnesda, Marylan
5 g = ~ 5 ±	23a BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
^	Burial 1-3-69 Parklawn Cemetery, Rockville, Maryland
1/20	24 FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 256 REGISTRAR 5 SIGNALIRE
VR A15ME (5)	ROBERT A. PUMPHREY, Bethesda, Maryland DATE JAN 6 1969 Julian Company

MARYLAND STATE DEPARTMENT OF HEALTH

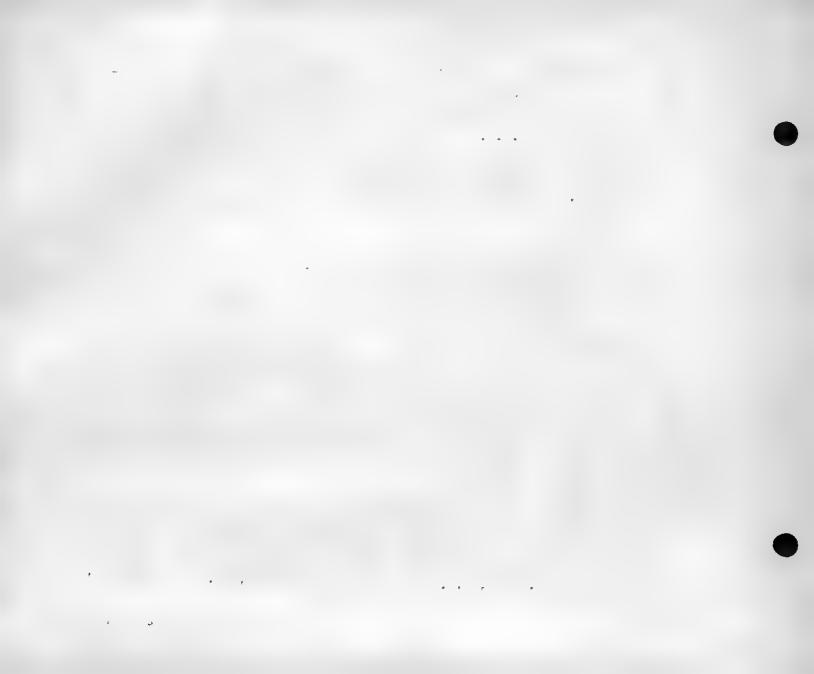


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1080 21685 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1 DECEASED NAME First Middie Lost 20 DATE KNOWN Month Day 2b. HOUR Year (Type or Print) ESTI Victoria Galbraith XXXXXXX ('. 69 DEATH MATED delay and 3 ( 3 SEX 41 HO COOPES. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS 2c DATE PRONOUNCED DEAD last hirthday) Month 1069 Year Female Cauc. 1/28/01 67 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Belgium DIVORCED T Montgomery WiDOWED OF Relgium the State 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 120. USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OF give street oddress Wash. San. & Hostour Carte working the red to the link the Takoma Park Office alang with t 130 USUAL RES DENCE (Where deceosed lived, it institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e. STREET AND NUMBER odmission) STATE 136. COUNTY Md. Montg. Hvattsville I NO [ 8123 15th Ave. fem I land 2 after 14 FATHERS NAME Leine lost 1s. MOTHER'S MAIDEN NAME Middle Lost DONY Anthony abaccoace. Alice Ulnknown hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANTALES. Mary Bostic 16h SOCIAL SECURITY NO ADDRESS Maryland (Yes, na, or unknown) (It yes one war or dates of service) 274-32-4835 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c) ) permit. the Chief Medical ETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) certificate should be Conditions, if only, which gove rise to immediate couse (c) the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ the certificate, writing the 4 shauld be forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 O remaval, nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? ы 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that Hoak charge of the remains described above, held an Autapsy Inspection 🔀 Inquiry X and in my apmian Natural causes Suicide death resulted from Accident & Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED tuneral FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE. NAME (Type) town procounty) the 0 230 BURIAL CREMATION 23d DCATION (City or Town) (County) Palor Cenetery Reabley Ma 250 REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15ME (5) Inc. 8434 Georgia Avenue

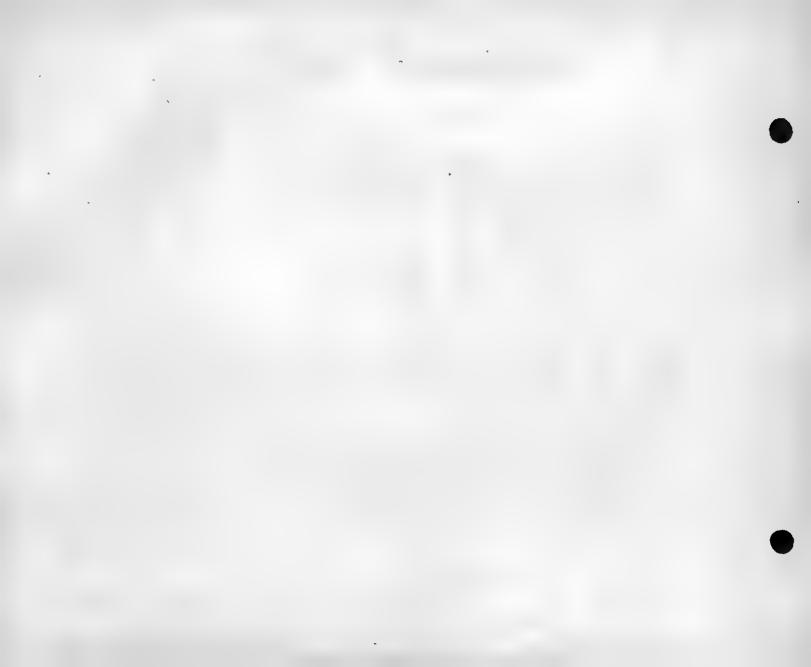




<i>#</i> 1			22a Fil				EPARTMENT STON STREET.			LAND 2120	01	200	0
FOR STATE			THE				CERTIFIC					108	Z
HEALTH DEPT.		DECEASED-NAME	First		Mide	ile	I	.ost		20. DATE K	NOWN Mont	n Day Yea	r 26. HOUR
oy is 3 to Poge int of	(	Type or Print)	Nehrask	a	Rebecca		Gardne			DEATH A	AATED 🔲 👢	- 25 16	59 3 A M
delay and 3 A3. Pog tment	3. 5	EX	4. RACE	S DATE OF BI		6. AGE (n y	eors F JADER by) MONTHS	YEAR DAYS	H UNDER 24 HRS HOURS MIN		ONOUNCED DEAD	Van	2d HOUR
y delo	_	emale	Negro	11/20,	-	1-	1K3.1				ary 25	Year 19 E	9 3 A M
Iny deloy I, 2, ond 3 rm PM3. Po Deportment		BIRTHPLACE (Stote ofry) Maryla		7b. CTIZEN OF W		8.	MARRIED NE			UNTY OF DEA			
2 to to 100		CITY OR TOWN OF				L OR INSTITU	JTION (If not in h			Montgor	ind of work dane	12b KIND OF	BUSINESS OR
		Rockvil			Street address		reet				e, even if retired.		
offer death.	130	USUAL RESIDEN	CE (Where deceas	ed lived, if instit	ution Residence	before 13c	CITY OR TOWN		INSIDE C TY LIMITS?	13e. STREET	AND NUMBER		
v = 2 - 5		dmission) STATE	Md.		ontgomer	у Б	ockville		YES 🔀 NO 🗌	1321	First	Street	
hours of them 18 Office of offer de	14. 1	FATHER'S NAME	First	Middi	_	LOST	15. MOTHER				Middle		lost
	160		Nelson	COD(CC2	Coope		17. INFORMAN	Mi.	Lo		ADDRESS	Carroll	
		Yes no, ar unknow	4-1-14	wor or dates of service]	100 SOCIAL SEC	UKILT NU	Fathe				WDDKC22		
d with the Exam Exam File	-	NONO	DEATH (Enter onl	ly one couse per	line for (a), (b),	and (c) )	racm	71.				APPROXI	MATE INTERVAL INSET AND DEATH
should be executed e word "pending" in the Chief Medical E urial-transit permit. F in any event within		PART 1. D	DEATH WAS CAUSED	D BY:			wound t	hrou	igh hea:	rt wit	h	BEIMEIN	HOSEL WAID DEVILE
exe endu Me t pe		16	*	. ,	R AS A CONSEQUI	ENCE OF		exsa	inguina	tion			
be l'ip hief ansi			iny, which gave )	(b)									
should be en word "pe or the Chief" burial-transit in any ever			iderlying couse	DUE TO, O	R AS A CONSEQU	ENCE OF							
to t bur d in		_	SIGNIFICANT COND	(t)	TING TO DEATH D	CIT MOT DEL	TED TO THE TERM	IIĀIĀ DIC	TACE OR COMPLE	AN CIVITAL IN S	14 DY 14-1		
This certificate should tote, writing the word be forworded to the Ch be used as a burial-transor removal, and in any		PARI 2 OINER .	SIGNIFICANT CONDI	HIONS CONTRIBU	IMO IO DEATH D	UI NUI KED	HED TO THE TERM	IMME DIS	CASE OR COND +	ON GIVEN IN E	AKI I(D)		
certil , writ orwor used mova	CERTIFICATION	190. DATE OF O	PERATION		196 CONDITION		OPERATION					20. AUT	OPSY?
his cote, or for he for he for he u	RTIFIC				WAS PERF					_		YES	NO 🗆
海事 署名		210. EXTERNAL (	Cause was Ricontributing [	216. TIME OF	F INJURY Month, C ,M.		21c HOW INJ	URY O୧(( ୯୯୯ ଅଧି	URRED (Enter nati	ure of mjery m ot in	Port For Port 2 chest b	ltem 18) / v male	
INER: Te certific should be files.	MEDICAL	CAUSE OF DEATH	H	PLACE OF INJURY		19 69		ompa	anion	City or		Caunty	State
EXAMINER: cute the certs oge 4 should ryour files. Page 3 should tremation, I, cremation,	-	WHILE NO		ctory, office buildi		ome	211,150	arreer or		ockvil		lontg.	Md.
			certify that I to	ook charge of	the remains d	escribed o	bove, held on	Autop	sv 📆 In	spection	id, Inquiry	x and in	my opinion
ICAL E e execu tor. Pog ed for ICTOR: P buriol,			sulted from	Natural cau		cident			Homicide 🔀		rmined monne	harrier and the same of the sa	
TY SIC		147(11)	17	B.C.	-	////	E. A		MEDICAL EXAMIN	-			
ZAL RAL		ACTUAL SIGNATURE	DEE	ellh	14	7	MO		TANT MEDICAL EX			TE SIGNED	260
		EXAMINER'S NAME (Type)	Belden	R. Rean	M.D.	1		ADDA	Y MEDICAL EXAM	Md county	Januar	y 25, 19	109
ro DEPU necesso the fund 5 moy ro FUNEI Heofth	230	BURIAL (REMA	T ON 23h	DATE		IME OF CEM	TERY OR CREMAT			LOCATION (		(County)	(State)
	1	BUR A	2/	-28-6		· MX	IRVS (	SEN	n. F	Rocki	ille	Monta	Md.
AK	24	FUNERAL DIRECT	OR 0	1		ADDRESS	7	na /	2501 FOO BY RE	151R1969	250 CHOISTEAN	SURPATIVE TO	16
TOM REV 108	K	obert	Z. Sn	urvde	n Ko	ocke	relle 1.	Rd.	DATE	•	4	8	ŧ,



-				DIMICION				MENT OF HEA				
ur do			31089	אטוצואוט	OF VITAL RECORDS,		CATE OF		JRE, MARYLAND		1083	
-	death ond 2		CEASED-NAME First  YPE of print)  XXXX	Nell XX XX	M.ddle M.		Geiges		d. DATE OF DEATH	Day	/ Year	2b. HOUR
		3. SE	X	4. RACE			S. DATE OF E		6. AGE (In	years	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	D E B		emale		ucasian		11/	18/1895	73	YRS	MUNIUS DAIS	TOOKS MIR
	yd r	7o 8		76 CITIZEN	OF WHAT COUNTRY?	8 MARRIEE	NEVER MA	RRIED 9	OUNTY OF DEATH			
	d ir per 72	<b>1</b>	aryland	USA		WIDOWED	Up.30	RCED 🔲	Montgo	mery		Md.
	vithin you bo		ny or town of DEATH		II NAME OF HOSPITAL OR IN give street oddress) Univ. Nursi				CCUPATION (Kind of void working ife, even in Cal working ife, even in Cal worker		126 KIND OF INDUSTRY, I	BUSINESS OR
	uted v implete ve cark event,	13a.	USJAL RESIDENCE (Where decease ss an) STATE aryland	136, COJ		Hilla	R TOWN	13d INSIDE CITY EIMITS? YES NO	13e. STREET AND I	NJMBER .	Rd.	
	d co		ATHER S NAME First	Mid			· · · · · · · ·	AIDEN NAME First		Middle		tast
	an on se re	?		known	)		?	(11	nknown)			(.031
	physicion.  physicion.  signed by the attending physician and completely filled in by buriol-tronsit permit. Then please remove carbon papers. Puburiol, cremation, or removal, and in any event, within 72 hours	Y	WAS DECEASED EVER IN U.S. ARMS es, no, ar unknown) (If yes give was O		16b SOCIAL SECURITY		INFORMANT	t' 'nnd	12 1319 81	Address T	'aro	, Ad.
	Par Series		18 CAUSE OF DEATH (Enter on y	ane cause	per rine for (a) (b), and (c)							MATE INTERVA. MSET AND DEATH
	andiinit.		PART I. DEATH WAS CAUSED IMMEDIAT	BY: E CAUSE (a):	- Dronch	Pall	unioni	1			7/6	21
	atte		4123	, ,	OR AS A CONSEQUENCE OF							
	the the sit g		Conditions, if ony, which gave	ίδι	113111	7						
	by Day		rise to immediate cause (o),( stoting the underlying cause	DUE TO	OR AS A CONSEQUENCE OF							
	ol, ol		last.	(c)								
	phy phy sign buri		PART 2. OTHER SIGNIFICANT COND	ITJONS CON	TRIBUTING TO DEATH BUT N	T RELATED	TO THE TERMINA	AL DISEASE OR COND	ITION GIVEN IN PART	1(0)	- 3	
	ing ing ing ing the	× ×	J Wels	ureo	Thia.	000-	12/10	1024,				
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or otherding physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Place should be filled with the State Dept. of Health pright a burial, cremation, or removal, and in any event, within 72 hours after the page of the page of the page.	CERTIFICATION	190 DATE OF OPERATION 196 CI	NDITION FO	IR WHICH OPERATION WAS PE	RFORMED	20a AUTO		20b. IF YES, WERE CAUSES OF DEATH		INSIDERED IN CE	RTIFYING
	in or		21g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH		ME OF INJURY	21c I	IOW INJURY OC	CURRED (Enter nat	ure of injury in Port 1	or Port 2, II	tem 18.)	
	2音音点 り	MED CAL	If either, not fy medical exam ne	r) HOUR	A.M. Manth Day Year P.M. 19							
	PHYS he hos this celetoche Dept.		21d. INJURY OCCURRED 21e P While Mat while  at work	LACE OF INJ	URY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	7ÖRY.) 21f I	OCATION Stre	et ar R.F.D. No	City or Tawn	- Area Street	County	State
	ING Tote of		22a. I certify that (I) (this	haspital)	attended the decease	d from	9111	, 196_8	, to ////-		, that	(I) (we) last
	TENDI ined to OR: Af ould b		saw the deceased ali- causes stated above,	re-on	did)(dud fiot))vew the	9 <u>1 4</u> . ar	nd/hhat in (m death.	ry) (aur) apinia	n.death/occurred	an the dat	Pand havr o	and from the
	OR AT De reto IIRECT e 3 sh ed with		22b SIGNATURE / LLG/12	177 9	Lentin	L DEG	REE PHYS.	NGMED_DIREC	TOR STAFF	22c D	ATE SIGNED	
	Page 4 may by Function Function, page should be file		22d. PHYSICIAN'S NAME (Type)	le 1.	1. M.D.		22e. ADI	DRESS	e'd road	Thea	to Md	
	O HOSP Page 4 r O FUNER director, shauld I	23g	BUR AL, CREMATION, 236 DA	TE	23c NAME OF	EMETERY CI			d LOCATION (City or		(County)	(State)
	O Sp. O		RSMOVAL(Speyify)	5-196	Bal Anti		Nation		Arlivato	,	+Civia	, ,
		- 1	FUNERAL DIRECTOR	15-	TIL ADDRESS	7 - 1 Sr	r. Ad	2Sa. REC D BY RE	GISTRAR 25b I	REGISTRAR'S		
	VR A15 (4) 45M - 1/69	_ ′	Varier E. Pumph	rey,	0 -n. x '3' Ge	· ** 3	Aire me		0 1969 /	whent	Long Co	- Carlo



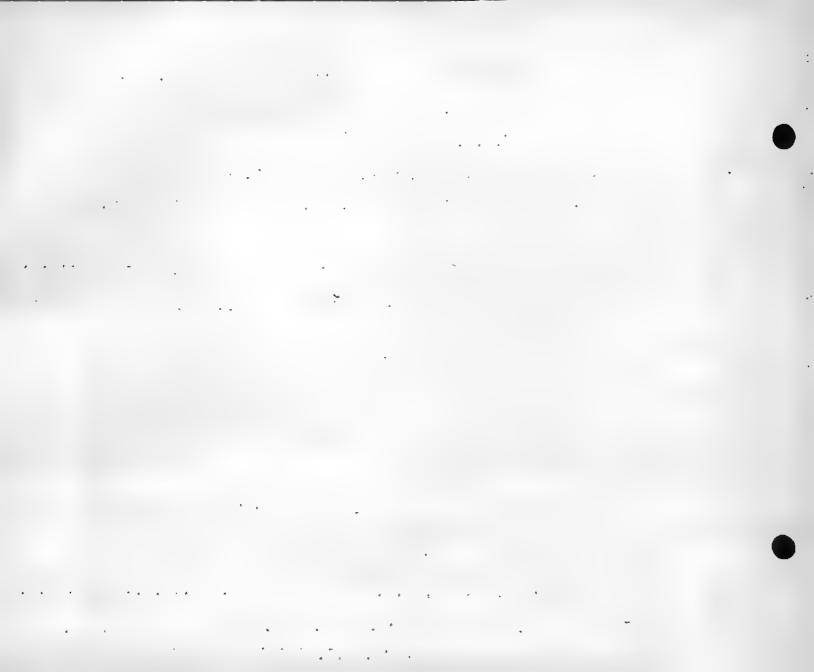
,,	MARYLAND STATE DEPARTMENT OF HEALTH	
	1 0 8 G DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  It em6 FilmGh09 2/5/69 kk CERTIFICATE OF DEATH	S) 2
death. neral ond 2	(Type or print) — 2m _ ( / / / Manth _ Day _ Y	2b HOUR
		1 2 1
# 8 # 8 # 8 # 8 # 8 # 8 # 8 # 8 # 8 # 8	3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (n years   substitution) 70 70 70 70 70 70 70 70 70 70 70 70 70 7	DAYS HOURS MIN
sun sem	70. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   9. COUNTY OF DEATH	
24 hours after the functions of the func	Country of Cazilinia 21.5.47 WIDOWED DIVORCED Jo Antonia	MA
ii (ii dia)		IND OF BUSINESS OR
within poor	Bedie the section I fluid.	actitied.
	130 USAt RESIDENCE (Where deceased lived, if institution Residence before 13c (ATY OR TOWN 13d MS/DE CITY LIM TS? 13e, STREET AND NUMBER 13b COUNTY YES NO 2005	
execut and com remove		y Con
and rem	14. FATHER'S NAME First Middle Gelbert IS MOTHER'S MAIDEN NAME First Middle	tast
rie h rian eose and	160. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO   17 INFORMANT   Address /	
The law requires that the death certificate be executed ottending physician. Hos been signed by the ottending physician and completise os the buriol-transit permit. Then please remove (or the puriol, cremotion, or removal, and in any eventy.	Yes, no, or unknown) (1 yes give wor or dotes of service) 48hm (cilca 2023 Stanle	y the.
r certif	I I A CAUSE OF DEATH (Enter daily one couse per line sar (a), (b), and (c))	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ne death ce totrending permit. The	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / all 27 - 2224 Q Lasger -	
oth on,	DUE TO, OR AS A CONSEQUENCE OF	
at the the nsit p	rise to immediate cause (a), (b) fit till the proceedings to immediate cause (b).	1 hours
The law requires that the ottending physician. has been signed by the se as the buriol-transit the prorto buriol, cremot.	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	x 5.
equires physici signed buriol-1 bur.ol,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BJTING TO DEATH BJT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	1
ng p	1 at David 1/2 (12 - 2 , ed ) a doll-	
te law re tending os been os the prorto	26. DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERE CAUSES OF DEATH?  219 ACCIDENT WAS UNDERLYING 121M TIME OF INDIRY.  220 ACCIDENT WAS UNDERLYING 121M TIME OF INDIRY.	D IN CERTIFYING
in office of the control of the cont	1-6-69 Bening withte /finetrally YES NO CAUSES OF DEATH?	
IAN: The all or official or official to official to for use Health	216 ACCIDENT WAS UNDERLYING 218 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, frem 18.)  3 To accident was underlying 1218 TIME OF INJURY 1216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, frem 18.)	
Spite spite entification	(if either, not.fy medical examiner) P.M. 19	
ATTENDING PHYSICIAN: estained by the hospital or CTOR: After this certificate should be detached for until the State Dept. of Heal	While Nat while OFFICE BUILDING, ETC	y State
NG the er the deede	U: MOIK UI WOIK	, that (I) (we) last
Aft Aft of State of S	saw the deceased glive on the dote and saw that in (my) (our) apinion death occurred on the dote and	haur and from the
F T S S S S S S S S S S S S S S S S S S	causes stated above, (1) (y/e) (did) (did not) view the body after death.	
OR ATTENS OR ATTENS DE retained DIRECTOR: A je 3 should ed with the	22x SIGNATURE  22x SIGNATURE  DEGREE PHYS  DIRECTOR D PHYS  22c. DATE SIGN  27c. DATE SIGN  27	NED Description
AL C L DI 1 DI 1 DI 60ge filer	220 PHYS CIANS 220 ADDRESS 50 CO. S. P. MOREL ST. C. O.	1210
FRA do	( NAME (Type) JOHN P. MAYLATH. MUCKVILLE, AND	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low repose 4 may be retained by the hospital or ottending for FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health pror to	230 BURIAL CREMATION 235 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count	
5 5 5 £ 4	REMOVAL (Specify) Jan 31.1969 Bethel Cemetery Princeton	W. Va
VR A15 14 45M 1 69	24. FUNERAL DIRECTOR  ADDRESS	see.
45M 1 69	Tecrson's Funeral Home, Falls Chunh VM 31 1300	- /



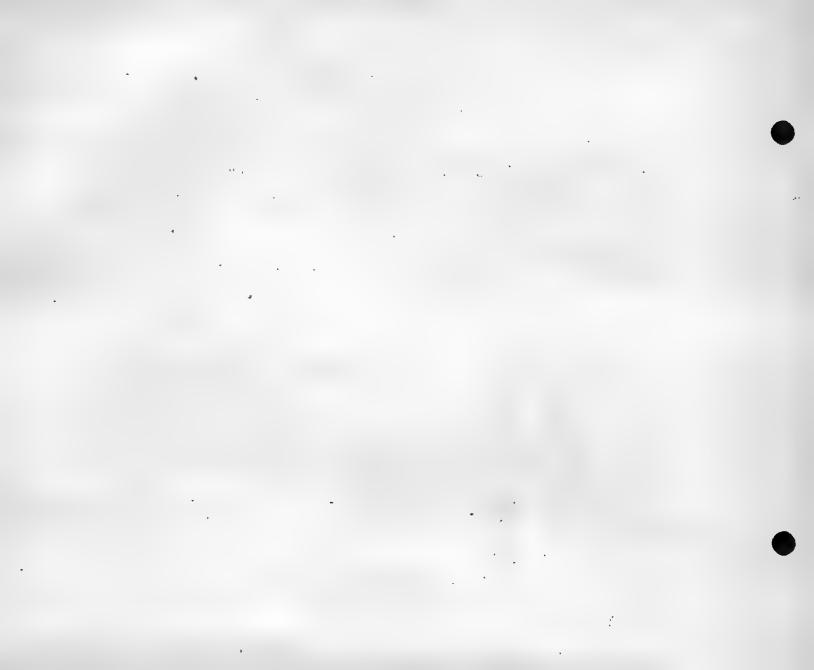
	O 1 0 9 0 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0 1 0 8 5
Ī	DECEASED NAME (Type or print)  MICHAEL  Modile  JAMES  GOGGINS  20. DATE OF DEATH  Month JAN Doy 5 Yeor 69 2:154
	SEX MALE  S. DATE OF BIRTH  25 JAN 64  S. DATE OF BIRTH  27 JAN 64  S. DATE OF BIRTH  28 JAN 64  S. DATE OF BIRTH  28 JAN 64  S. DATE OF BIRTH  29 JAN 64  S. DATE OF BIRTH  29 JAN 64  S. DATE OF BIRTH  20 JAN 64  S. DATE OF BIRTH  20 JAN 64  S. DATE OF BIRTH  25 JAN 64  S. DATE OF BIRTH  25 JAN 64  S. DATE OF BIRTH  26 JAN 64  S. DATE OF BIRTH  27 JAN 64  S. DATE OF BIRTH  28 JAN 64  S. DATE OF BIRTH  38 JAN 64  S. DATE OF BIRTH  48 JAN 64  S. DATE OF BIRTH  58 JAN 64  S. DAT
70	BIRTHPLACE (Stote of foreign unitry) WISCONSIN U.S. 8. MARRIED NEVER MARRIED NEVER MARRIED MONTGOMERY MARYLAND MA
	EETHESDA  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital place used to during most of working life, even frehred)  120 USUAL OCCUPATION (Kind of work done during most of working life, even frehred)  12b KIND OF BUSINESS OR INDUSTRY
( ) 13 ac	USUAL RESIDENCE (Where deceased liyed, if institution. Residence before mission) STATE MD /3b COUNTY MONTCOMERY ROCKVILLE YES NO 7624 DEW WOOD DRIVE
	FATHER'S NAME First Middle Lost SOGGINS IS MOTHER'S MADELETINE ALICE MURRAY
Į.	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, NO of Unknown)  Of the gave war or dates of service)  16b SOCIAL SECURITY NO.  17 INFORMANT  JOHN F. GOGGINS, 7624 DEW WOOD DRIVE
1900	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove nise to immediate cause (a), storing the underlying cause (b).  DUE TO, OR AS A CONSEQUENCE OF (b)  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY2 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING
X	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 1716. TIME OF INJURY 2116 HOW INJURY OF INJURY 1716 FOR 1818.
MEDICAL	Or CONTRIBUTING CAUSE OF OEATH (If either, notify medical examiner)  OR A.M. Month Doy Year  P.M. 19
	While Not while of tweeth of the property of t
	22a. I certify that (1) (this haspital) attended the deceased from 3 JAN , 19 69 , to 5 JAN , 19 69 , that (1) (we) last saw the deceased alive on 19 9 and that in (NO) (our) apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (decease) view the bady after death.  22b SIGNATURE  22c DATE SIGNED  22c DATE SIGNED  22c DATE SIGNED
,	22d PHYSICIANS NAME (Type)  J. K. HOWE, M.D.  DEGREE PHYS DIRECTOR DIRECTOR PHYS X 5 JAN 69  22d PHYSICIANS NAME (Type)  NAVAL HOSPITAL, BETHESDA, MARYLAND
	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)  FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REG STRAR 25b REG STRARS SIGNATURE
3	FUNERAL DIRECTOR  ADDRESS 250. RECT BY REG STRAR 250 REG STRAR SIGNATURE  N. W. C. HAMBERS, J. N.C. 1410 CHARIN ST. AND DUAN 10 1969 YOUR YOURS

MARYLAND STATE DEPARTMENT OF HEALTH

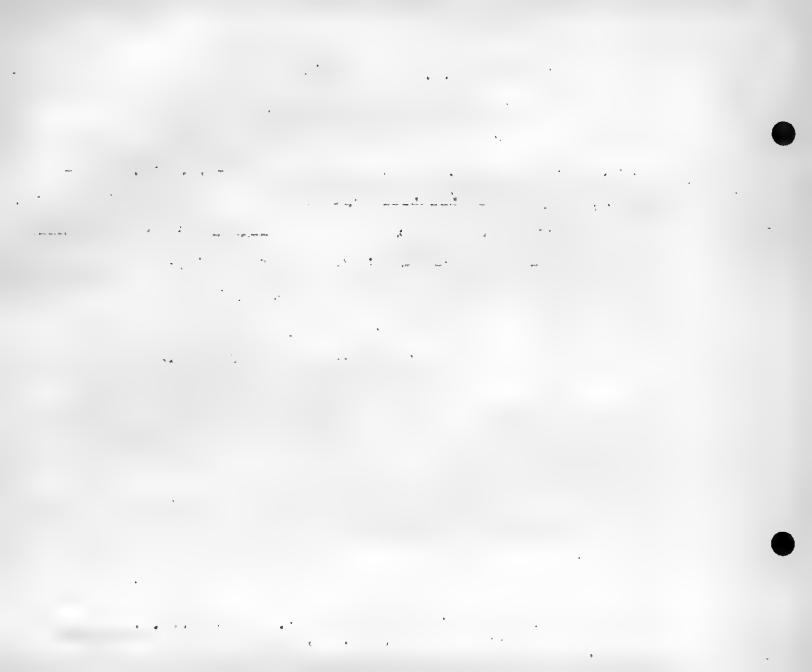
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 wi086 2109 CERTIFICATE OF DEATH Lost DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR death. (Type or print) 30°1196°9 ISADORE **GOLDBERG** 3 SEX 4. RACE S DATE OF BIRTH IF UNDER 24 HRS 6. AGE (In years last birthday) HOURS April 7.1902 Male Caucasian 7b CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIEDX MEVER MARRIED country) Russia U.S.A. WIDOWED [ DIVORCED [ MONTGOMERY and in any event, within 10, CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY requires that the death certificate be executed with Silver Spring De Vere Drive Food 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c CITY OR TOWN 13d INSIDE CITY LIMPTS? 13e STREET AND NUMBER 13b. COUNTY Montgomery admission) STATE 904 DeVere Drive 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Goldberg Lazer 16b. SOCIAL SECURITY NO. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 578-18-397 Theo. Litovitz - 904 Yes, no, artinknown) DeVere Dr. S.S.Mc burial, cremation, ar remayal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) certificate has been 19o. DATE OF OPERATION 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [ NO X 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while O FUNERAL DIRECTOR: After this at work 22a. I certify that (I) (this hespital) attended the deceosed from 11-15, 1963, ta 1-15, 1969, that (I) (me) lost saw the deceased alive on 1-13, 1969, and that in (my) (our) opinion death occurred an the date and haur and from the directar, page 3 shauld shauld be filed with the couses stated above, (I) (we) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22a, ADDRESS NAME (Type) St. N.W. 5801 16th. Wash. D.C. KESSLER. M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (County) (State) 23g. BUR AL CREMATION REMOVAL (Specify) David Mem. Falls Church. Garden 24 FUNERAL DIRECTOR VR A15 (4) Bernard Danzansky & Sons 30M REV 1/68 DATE



				ND STATE DEPARTMEN'		
			DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET	F, BALTIMORE, MARYLAND 21201	1087
		0109~		CERTIFICATE OF DE	ATH	
- 2-	1. D	ECEASED-NAME First	Middle	Last	20 DATE OF DEATH	2b HOUR
24 hobes after death sed in by the funeral ppers. Pages 1 and 3	(	Tope or print)	5	GOLDSTEIN	Month Day	Yeor = 30"
r de la	3. S		4 RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
iffer es es	3. 3				lost hithday)	MONTHS DAYS MOURS MIN
2 dg 2 dg 2 s d	L	FEMALE	WHITE	4-15	- 96 72 YRS.	
10 TO 10		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
4 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(00	RUSSIA	U.SA.	WIDOWED DIVORCED	1 MONTGOMERY	Md
S en in	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I		12a. USUAL OCCUPATION (Kind of work darke -	12b KIND OF BUSINESS OR
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hobes after death, stained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and and carbon papers. Pages 1 and 2 shauld be detached far use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 ith the State Dept. at Health priar to burial, cremation, ar remayal, and the any event, within 72 hours after death.	S	LUER SPRING	- MD. NURSING H	CONSALESON OFF	during most of working life, even if retired.)  HOUSEWIFE	INDUSTRY
d v d v	130.	USUAL RESIDENCE (Where deceos	ed lived, if institution: Residence before	13c CITY OR TOWN 13d. 1	INSIDE CITY LIMITS?   138, STREET AND NUMBER	
ove eve	odm	ission) STATE MD.	13b. COUNTY	BETHESON YES	50 NO 9210 EWING	- DRIVE
NA PER I	14.	FATHER S NAME First	Middle Lost	IS. MOTHER'S MAIDEN		Last
a 6 1			KOSOF	< + . ,	UNKNOWN	
ind ass	160	WAS DECEASED EVER IN U.S. ARN	IED FORCES? 16b SOCIAL SECURIT	YNO. 17 INFORMANT	Address	
fico ysik al,	П		ar or dates of service) $062-38-5$	SER Anthum Sr	oindler 9210 Ewing Dr.	Rothosda Md.
ph ph	1	NO			outuber obto Ewing or	APPROXIMATE NTERVAL
in the contract of the contrac		PART I, DEATH WAS CAUSED	y one couse per line far (a), (b), and (	10	TO 2. T	BETWEEN ONSET AND DEATH
end		IMMEDIA	TE CAUSE (o)	me ormin	the metuslass	Japan
ad the ca		1000	DUE TO, OR AS A CONSEQUENCE O	F		
asit the	П	Canditions, if any, which gove ) rise to immediate cause (a),	(b)			
th Dy Gan rem	Н	stoting the underlying cause(	DUE TO, OR AS A CONSEQUENCE O	F		
es sicio al-ta		lost.	(c)			
Shys ign unic	1	PART 2. OTHER SIGNIFICANT CON		NOT RELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIVEN IN PART 1(o)	
re re re re re re	_		-			
dir bee	1 ê	190, DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS I	PERFORMED 200. AUTOPSY?	20b IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIFYING
N: The law requires the ar attending physician. Ite has been signed by . use as the burial-trarsalth priar ta burial, cre	CERTIFICATION			YES	NO [X] CAUSES OF DEATH?	
English 大	1	210. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		ED (Enter noture of injury in Port 1 or Port 2, I	tem 181
fica He		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Month Doy Yes	ar	25 (2.10) 10:00 0: 11 0:1; 11 :01 : 01 :01 2, 1	10.7
SIC spirit spiri	MEDICAL	(If either, natify medical examination 21d. INJURY OCCURRED 21e.	ner) P.M.	19 FACTORY.) 21f LOCATION Street or	DED No.	Caunty State
OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifica je 3 shauld be detached far ed with the State Dept. af He	-	While Not while	PLACE OF INJURY ( AT HOME FARM, STREET, OFFICE BUILDING, ETC.	214 LOCATION Street of	R.F.D. Na City or Town	Caunty State
4	П	adi work i			10: 02: 1	1.23
by by Star	П	22a. I certify that (I) (thi	s haspital) attended the decea	sed from	, 19.6 2, 10.00 1 3 , 19	that (1) (we) last
ATTEND etained in CTOR: All shauld lith the S	П	saw the deceased a	(I) (we) (did not) view th	ndy after death	aur) apinion death occurred an the da	te and naur and from the
● 計算 5 章年	П	22b SIGNATURE	(i) (ii) (iii) (did iioi) view iii	o body direi dodini		DATE SIGNED
OR JOR JOR JOR JOR JOR JOR JOR JOR JOR J	1	The state of the s	H	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	ren 12 191 9
	П	22d. PHYSICIAN S		22e_ADDRESS		2012116
RAI Pe		NAME (Type)	JINAE HI	16 480	of the man are all the	Street had
OSP NNE Uld	92	BURIAL CREMATION. 23b. (	DATE 122, NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	((dunty) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: I Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. af Healt	230	Destautes to 1.1		Israel Cemetery		4. 15 /
5 5	24			SS 232 Carroll 250		
VR A35 (4)	24.	FUNERAL DIRECTOR Donald			AN 15 1969 ARCHITARY	Sy Jacque
30M REV, 1/68	He	brew Memorial	Funeral Home St.N	w, wash. D.C. M	WH T 8 1909 1	1 0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 51088 21090 CERTIFICATE OF DEATH DECEASED NAME Middle 2a. DATE OF DEATH First LOST 2b. HOUR uneral (Type or print) Month 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF JNOER 1 YEAR last birthoay) MONTHS burial-transit permit Then please remave carban papers Va burial, crematian, arremaval, and in any event, within 72 haurs meskecuted within 24 hours 7b. CIT ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED DO (ountry) WIDOWED DIVORCED MantGomery 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most at warking life, even if retired) INDUSTRY 130. JSUAL RESIDENCE (Where deceased lyred, f institution. Residence before 13d INSIDE CITY LIMITS? MISH COUNTY P.30 Liles X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last Middle Peters George 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or upknown) 217-46-532] APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if only, which gave ) rise to immediate couse (o), yd bangis DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept of Health priar ta 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO 🔲 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATN HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT NOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while at wark 220. I certify that (I) (this hospital) attended the deceased from 1/9/27, 19. \_1964, and that in (my) (eur) opinion death occurred on the date and haur and from the saw the deceased alive on 1//6 causes stoted obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR 22d. PHÝSICIAN S 22e...ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BUR-AL CREMATION. 23b, DATE (County) (State) Prospect Hill Cem. VR A15 (4) Home Inc. 30M REV 1/68

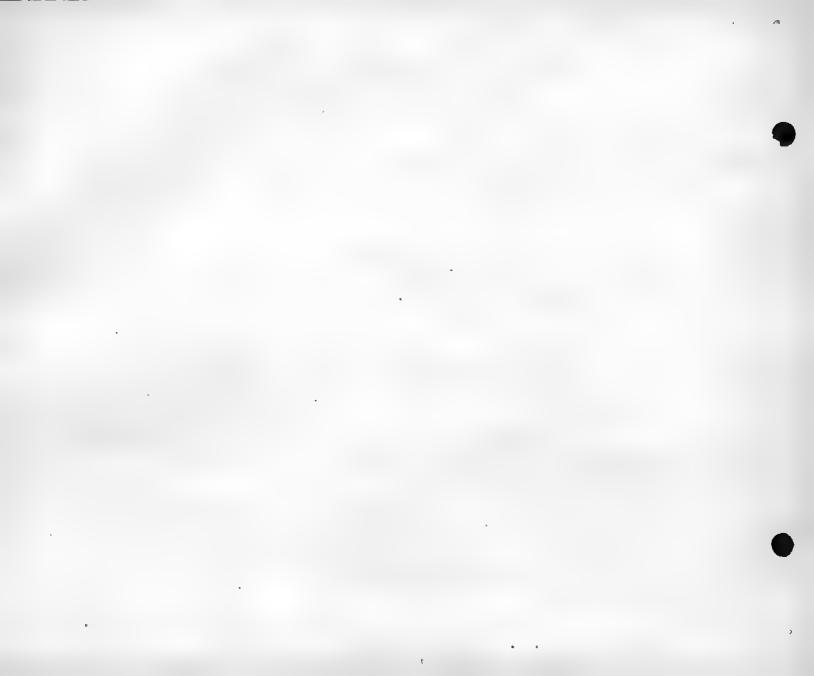


	1	MAKTLANU STATE DEPARTMENT OF HEALTH	
,		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	01089
or death. funerol 1 ond 2 er death.		PECEASED NAME Type or print)  STEEL Middle  Lost  20. DATE OF DEATH Month Day  13-	Year 26 Hour
s after the fun	3 5	EX . ) 4 RACE ) S DATE OF BIRTH 6 AGE (n ) pors	1F JNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS M.N.
hour hour	(OU	BIRTHPLACE (State or fore gn. 76 CITIZEN OF WHAT COUNTRY?   B. MARRIED   NEVER-MARRIED   9 COUNTY OF DEATH	3 1
thin 24 filed on pope within 7	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INST.TUTION (if not in hospito 120 USUAL OCCUPATION Kind of work dane give street oddress) The same of th	12b KIND OF BUSINESS OR INDUSTRY
executed within 24 pd completely filled i emove carbon poper any event, within 72	130	USUAL RESIDENCE (Where deceosed lived, if institute on Residence before 13c CITY OR TOWN 13d INSIDE CITY IN TS7 13e STREET AND NUMBER INSIDENCE (Where deceosed lived, if institute on Residence before 13c CITY OR TOWN 13d INSIDE CITY IN TS7 13e STREET AND NUMBER INSIDENCE (Where deceosed lived, if institute on Residence before 13c CITY OR TOWN 13d INSIDE CITY IN TS7 13e STREET AND NUMBER IN TS7 14e STREET AND N	No.
be exec and co emov	14	FATHER'S NAME FIRST Middle Ships, Tit IS MOTHER'S MAIDEN NAME FIRST Middle JULIA	GIPSON
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death etained by the hospital or ottending physician.  CTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then prease femove carbon papers Pages 1 and 2 should be detached for use as the burial, cremation, or remayal, and in any event, within 72 hour, after death in the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hour, after death		WAS DECEASED EVER IN U.S. ARMED FORCES? 1/6b SOCIAL SECURITY NO. 1 17 INFORMANT Address	VIRGINIA AVE.
ne death cer ottending p permit. The		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) PART I DEATH WAS CAUSED BY	APPROXIMATE NTERVAL BETWEEN ONSET AND CEATH
the dec e otten t permit ntion, or		1403 X DUE TO, OR AS A CONSEQUENCE OF  Cond t ons, if ony, which gove )	ense
s that the cian. d by the classif performance.		stoting the underlying couse (c).  (c) OR AS A CONSCOUENCE OF.  (c) Orsternosclerosis, general, ed chippertension	254mg,
requires g physici signed bunal-t		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	<del>4                                    </del>
YSICIAN: The law range of the state of the speed of the s	CERTIFICATION	190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YS, WERE FINDINGS CO	NSIDERED IN CERTIFYING
IAN: The of or oth ficate has for use of Health p	ICAL CERT!	TES NO DE CAUSES OF DEATH?  210 ACCIDENT WAS UNDERLYING 21b TIME OF IN.URY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It HOUR A.M. Month Doy Year	em 18)
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physiciantor, page 3 should be detached for use os the bunal-transit permit. Then perhould be filled with the State Dept. of Health prior to burial, cremation, or remarkal,	MEDI	(If either, notify medical examiner)  P.M.  19  21d INLURY OCCURRED  21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY)  White Not while OFFICE BUILDING ETC.	County State
DING d by the After 19 d be de		22a I certify that (I) (this haspital) attended the deceased fram	59, that (I) (we) last
ATTEN TEGINE ECTOR: Should with the		causes stated above, (I) (we) (did at) view the body after death  22b SIGNATURE  22c D.  22c D.	ATE SIGNED
AL OR oy be roll of DIRE		22d. PHYSICIAN S TO 22e. ADDRESS C	-13-69
TO HOSPITAL OR AFTEN Page 4 moy be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	230	BURIAL CREMATION 236 DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (Store)
====	24	SEMOVAL (Specify) JAN 17, 1969 CONGRESSIONAL CEMETERY WASHINGTON, FUNERAL DIRECTOR  ADDRESS 1250, REC D BY REGISTRAR	D.C.
VR A15 (4) 45M - 1/69	W	FUNERAL DIRECTOR  ADDRESS  W CHAMBERS CO. SILVER SPRING, MD. DANAN 20 1969  250, RECD BY REGISTRANG 250 1969  250 DANAN 20 1969	200



4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
3.4	I+ 12 Findhog 1/29/52 km CERTIFICATE OF DEATH
7 <sub>= 2</sub>	1. DECEASED NAME First Middle Lost 20 DATE OF DEATH 25. HOUR
er death funeral 1 ond 2 er death	(Type or print) THOMAS OWEN GRIMES JANDARY 22 Day 19 LOG 10 AM
fun l	to need to the term of the ter
ofter the fu iges I	male white June 3, 1890 lost Dightday) yrs MONTHS CAYS HOURS MAIN
hours after n by the fu s Pages 1 haus after	70 BIRTHPLACE (State or foreign 76 C.T.ZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH
	(COUNTRY)
hin hour hour filled in by papers P thin 12 hour	TRAVIAN MARINA USA WIDOWED DIVORCED MONIGORNEY MA  10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bosp to) 220 USUAL OCCUPATION (find of work down 12b, K NO OF BUSINESS OR
ompletely fill over carbon p ver carbon p verent, within	give street address) Drock Core to under offering most of working life, even if retired \ INDUSTRY
completely from ove carbon y event, writh	13n 15thal PANENCE (Where decored land of printing Personal Page 12 (IV OR TOWN)
eve eve	odmission title visit occased the monte of the property of the
ex ony ony	14 FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle Lost
and cond in ony	JAMES OWER BRIMAS ElizABETH HENRY
previous completely in one and in ony event, with and in ony event, with	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO 17 INFORMANT Address
000	Yes, may unknown) (it yes give war ar dates of service) 212-16-5094 MR. Edward Grames
hat the deoth certify n ny the ottending phy ansit permit. Then emation, or remavo	APPROV MARE INTEGRAL
offn nt.	PART I DEATH WAS CAUSED BY HOTTE MINORATION IKITETIONS
he deoth ce ottending permit. The	HI & DUE TO, OR AS A CONSEQUENCE OF D
the company the control of the contr	Conditions, if any, which gave) (b) (ORONARY STERY DISEASE YES
that an by il rans crem	rise to mimed ote couse (o).  Other TO OR AS A CONSEQUENCE OF
equires that 1 physician signed by the bur of-transit burial, crema	10St Inderlying course) (c) HRTERIOSCLEROTIZ C.V.D 1985
physicia signed l bur of th	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ng ng l	DREANIN BRAIN SUNDAME. PHELANTONIA
AN: The low requires that the deoth certifual or ottending physician icate has been signed by the ottending phyfor use as the bur of transit permit. Then Health prior to burial, cremation, or remaval	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
T se para 1	YES NO V CAUSES OF DEATH?
7 5 5	
Did for other	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year  (if e ther, not fy medicol examiner) P.M. 19  23d INTERS OF CHARGE DE INTERS A HOME FARM STREET FATORY 1 215 LOCATION. Street of P.E.D. No. 19  23d INTERS OF CHARGE DE INTERS A HOME FARM STREET FATORY 1 215 LOCATION. Street of P.E.D. No. 19  23d INTERS OF CHARGE DE INTERS A HOME FARM STREET FATORY 1 215 LOCATION. Street of P.E.D. No. 19  23d INTERS OF CHARGE DE INTERS A HOME FARM STREET FATORY 1 215 LOCATION. Street of P.E.D. No. 19  23d INTERS OF CHARGE DE INTERS A HOME FARM STREET FATORY 1 215 LOCATION. STREET OF THE P.D. No. 19  23d INTERS OF CHARGE DE INTERS A HOME FARM STREET FATORY 1 215 LOCATION. STREET OF THE P.D. No. 19  23d INTERS OF CHARGE DE INTERS A HOME FARM STREET FATORY 1 215 LOCATION. STREET OF THE P.D. No. 19  23d INTERS OF CHARGE DE INTERS A HOME FARM STREET FATORY 1 215 LOCATION. STREET OF THE P.D. NO. 19  23d INTERS OF CHARGE DE INTERS A HOME FARM STREET FATORY 1 215 LOCATION. STREET OF THE P.D. NO. 19  23d INTERS OF CHARGE DE INTERS OF THE P.D. NO. 19  23d INTERS OF CHARGE DE INTERS OF THE P.D. NO. 19  23d INTERS OF CHARGE DE INTERS OF THE P.D. NO. 19  23d INTERS OF CHARGE DE INTERS OF THE P.D. NO. 19  23d INTERS OF CHARGE DE INTERS OF THE P.D. NO. 19  23d INTERS OF CHARGE DE INTERS OF THE P.D. NO. 19  23d INTERS OF CHARGE DE INTERS OF THE P.D. NO. 19  23d INTERS OF CHARGE DE INTERS OF THE P.D. NO. 19  23d INTERS OF CHARGE DE INTERS OF THE P.D. NO. 19  23d INTERS OF CHARGE DE INTERS OF THE P.D. NO. 19  23d INTERS OF CHARGE DE INTERS OF THE P.D. NO. 19  23d INTERS OF CHARGE DE INTERS OF THE P.D. NO. 19  23d I
IDING PHYSICIAN I by the hospital of Affer this cert ficat I be detached for State Dept of He	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY) 21F LOCATION Street or R.F.D. No Gity or Town County Stote
the thirder	
by tffer be Stat	220 I certify that (1) (this hospital) attended the deceased from Oct , 1967, to JAP 22, 1969, that (1) (we) lost sow the deceased alive an 1962, and that in my (our) opinion death occurred on the date and from the curses stated above (1) (we) (aid not) were the hady after death
TENDING med by th DR: Affer 1 bould be d the State	sow the deceased olive on 1962, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) (ave) (did) (aid not) view the body ofter death
A ATTENI R ATTENI retained ECTOR: A 3 should with the	226 SIGNATURE () 1 220 DAY SIGNED
OR ATTENDING PHYSICIAL be retained by the hospital DIRECTOR: After this cert face je 3 should be detached for ed with the State Dept of He	Words F Joseph MD DEGREE PHYS DIRECTOR D STAFF D 1/22/69
AL Doy by	22d PHYSICIAN S 22a ADDRESS
# m # more. I de be	NAME (Type) DONALD F. LEWIS MD 700 CLOVERLY SILVER SPRING, ML
TO HOSPITAL OR ATTENPOSE 4 moy be retained for FUNERAL DIRECTOR: director, page 3 should be filed with the	230 BURIAL CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stole)
, 2° 2° \	Buriarian   1/24/69   Forest Oak Cemetery   Gaithersburg Montg. Maryland
VR A VA	24 TyBon Wheeler F. H. 1331 Rockville Pike Rockville, Maryland  Date  250 PK D BY REGISTRAR 969 256. REGISTRAR 5 SIGNATURE ROCKVILLE, Maryland
45M \$769	Rockville, Maryland DATE TO THE PROPERTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH



1	IIt	tems 18822a Film 409 MARYLAND STATE DEPARTMENT OF HEALTH -14-69 amsDivision of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	01091								
FOR STATE	-	SALIS AND	ROVE, SR.								
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month D  OF ESTI- 1 28	Day Year 2b HOJR								
ay is 3 to Page ant of		DEATH MATED	ly ly								
iny delay 2, and 3 PM3. Pa partment	3. S	The late of Billion Bi	3 Year 19 6013:32								
- F /2 >		BIRTHPLACE (Store or foreign 76 CTIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH  TIS " WIDOWED DIVORCED 76 CTIZEN OF WHAT COUNTRY? 18 MARRIED NEVER MARRIED 19 COUNTY OF DEATH  "Ontrone"	ry M								
or death form of with form	10.	10. CITY OR TOWN OF DEATH  Takong Paris,  11 NAME OF HOSP TAL OR INSTITUTION (If not in haspital during most of working I fe, even if refired)  12 USUAL OCCUPATION (Kind of work done libbustry lindustry)  Model of Hosp Tal Or Industry  Model of Hosp Tal Or Industry  Model of Hosp Tal Or Industry  Industry  Industry									
death with	13a	USUA. RESIDENCE (Where deceased lydd, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 1207 Kirrhrunn	've.								
thour soften soften soften	14.	FATHER'S NAME FIRST Middle Lost IS. MOTHER'S MAIDEN NAME FIRST Middle  ALIBERT GROVE RACHEL	Lost								
fhin nrill nine page hou		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO 17 INFORMANT 18 INF	ne 13e)								
xecuted wif ding" in pe Medical Exar permit. File it within 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART 1 DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH								
be execute pending" lef Medical nsit permit		C773 IMMEDIATE CAUSE (a) Acute Suppurative pancreatitis									
be eximinet Mendinet Mendinet Mendinet Mendinet mentinet		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave )									
This certificate should be executed cate, writing the word "pending" in be farwarded to the Chief Medical be used as a burial-transit permit. For removal, and in any event within		rise to Immediate cause (a), stating the underlying cause ast									
tate sha ag the w ed to th s a buri and in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	!								
iffica iting ardec ardec ardec	NO		20. AUTOPSY?								
this certificate, writing the farward be used a farmaval, removal,	CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?									
변국 무이 네	CAL CERTI	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year HOUR A M. P.M. 19	YES NO 🗆								
S a state of	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R FD No City or Town	County State								
XAM tre th ge 4 yaur yaur crem		WHILE AT WORK AT WORK factory, affice building, etc.)									
CAL E executor. Paged for CTOR: f burral,		220 I certify that Hook charge of the remains described above, held an Autopsy , Inspection Inquiry	and in my opinian								
DIC 3se e ector ined RECT 0 bu		death resulted from: Natural causes 🔼, Accident 📋, Suicide 🔲, Hamitide 🔲, Undetermined manner									
ITY BIC.  ry, please eral director be retained RAL DIRECT prior to bu		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER 22b. DATE SI	GNED								
O DEPUTY DICAL E necessary, please execute the funeral director. Page 3 may be retained for O FUNERAL DIRECTOR: Health priar to burial,		EXAMINER'S DELOFILE HAP MADDRESS SCIENT TO THE TOTAL OF SPURITY OF STREET AND THE CONTROL OF SPURITY OF SPURIT	28,1969								
10 TO He	230	BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (III) BURIAL Specific Canar Many (III)	County Lee. (Stote)								
VR ATSME (AR	24	Circular Walter Jakima Funcal Home, 254 Carrall State AN 30 1969 256 PEETRAS	Shall Bridge								
1.2	5	With the									

ā

	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11392
HEALTH DEPT.		ECEASED NAME First Middle Lost 2a, DATE KNOWN Manth	Day Year 2b HOUR
at ge to	(	Type or Print) Walter. H. Gruendl. DEATH MATED JON	51 1969 23 M
delay nd 3 3. Pag	3. 5	EX 4 RACE S DATE OF BIRTH 6. AGE (n vegrs of under ) YEAR 1 IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR
		M. W. Dec. 7/9/2 36' YRS / 24 Jan 31	Year 1969 35 M
- 8		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH .	
ote for		THE OF TOOL OF DEATH	Md Zb K ND OF BUSINESS OR
affer death ny 8. Give Pages 1, 2, colong with form PN with the State spart		Bethesda. give street oddress) -H. // APartment Mondaying most of working life, even fret red.) H	IDUSTRY
offer of Swith the death.		USUAL RES DENCE (Where deceased ived, finstitution Residence before 13c CTY OR TOWN distriction and institution of the second of	11.121-
Item Office Office offer	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
24 hour in Item in Item is Officer's Officer's Officer's Control is after its officer's officer'	L.	UNKNOWN UNKNOWN	
i within 24 in pencl in Examiner's File pages 77 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES?  (as, no, or unknown)  Yes  WII   ADDRESS Better  O54-16-300 Ann E. Gruend1-5323 Pooks Hi	
This certificate shauld be executed within 24 haups cate, writing the ward "pending" in pencl in Items be farwarded to the Chief Medical Examiner's Office be used as a burial transit permit. File pages land 2 in remaval, and in any event within 72 haurs after a		IB CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) PART : DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) MultiPle Injuries - Severe -	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH Su-1407.
id be ex rd 'pen Chief N transit		Conditions, It's y, which gave rise to immediate cause (a).  DUE TO OR AS A CONSEQUENCE OF  (b) Trume for Fall from 8 & Floor	
shauld ne ward ta the C burial tr		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
NER: This certificate should be executed certificate, writing the word "pending" hould be farworded to the Chief Medical iles should be used as a burial transit permitation, or removal, and in any event within		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifi arwar used imaval	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his cate, e fail	TIEC	WAS PERFORMED?	YES NO 25
변국 필인	MEDICAL CES	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING TO Part 1 or Part 2, Herr CAUSE OF DEATH  210 TIME OF NJURY Month, Doy, Year POLICE HOLDER TO PART 3 1969  210 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Herr TO PART 3 1969  TO PART 3 1969  TO PART 3 1969	18}
= 9 5 4 6 3	A S	21d INJURY OCCURRED 2 e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City aftawn	Caunty State
bical EXAM lease execute th director. Page 4 estained for your DIRECTOR: Page if ta burial, crem		WHILE AT WORK	Kentyimery. Md
Sec		22a   certify that   taak charge af the remains described abave, held an Autapsy,   Inspection [X],   Inquiry [X]	
DICA ise e ector ined ined ined		death resulted fram. Natural causes 🗌 , Accident 🔲 , Suicide 🔀 , Hamicide 🔲 , Undetermined manner 🗍	
EPUTY BICA sssary, please e funeral director ay be retained INERAL DIRECT		ACTUAL SIGNATURE Offin 3. Ball CHIEF MEDICAL EXAMINER 226 DATE SI	GNED
necessary, please the funeral direct s may be retained of FUNERAL DIRECT Health pricer to		EXAMINER'S NAME (Type) John G. Ball DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	1.1969
TO DECEMBER OF THE PROPERTY OF	230	BURIA. (REMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	aunty) (State)
	0.4	RANGUART 2-4-69 Arlington National Arlington EUMERAI DEFETOR RODERT A. PUMDhrewodress 1256 RECD BY REGISTRAR 1256 REGISTRAR 5 50	Virginia
VR A15ME [5] 10M REV 1 168	7	EUNERAI DIRECTOR ROBERT A. Primphreyodress 557-Wisconsin Ave., Bethesda, Md.  DATE [ ] 6 1969	





	1	MARYLAND STATE DEPARTMENT OF HEALTH	
	ı	0109 J DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	11394
	ᆫ	CERTIFICATE OF DEATH	,
reraeom.		CEASED-NAME First Middle Last 2a. DATE OF DEATH (pe or print) Month Doy	Yeor 2b HOUR
1		CARL A. HARS Sr. 31	69 5 PAM
	3 SE		IF UNDER LYEAR IF UNDER 24 HRS. AONTHS DAYS HOURS MIN
	ļ	11.Aic 1-23-95 73 YRS.	
	7a, t	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	10.6	PA U-S. A WIDOWED DIVORCED 1120 NT GODIE	Md.
×	10. 0	TY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even at retired)	126 KIND OF BUSINESS OR INDUSTRY SAME
	13g	USUAL RESIDENCE (Where deceased lived, if instituting Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIM 15? 13e. STREET AND NUMBER	SAME
1	odmi	CTATE I INLICONINTY IN THE CALLET OF THE CAL	AVE
ć.	14.1	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
		CHARLES HAAS MELISSA	
		WAS DECEASED EVER IN 1. S. ARMED FORCES?  16b SOCIAL SECURITY NO. 17 INFORMANT  Address  Address  Address  Address  Address  Address	
	L'	is, no, or unknown) (If we give war or dates of service) 579 09 5444A MRS. MATTIE L. HAAS, 804	L CEX AVE
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))	APPROX MATE INTERVAL BETWEEN DISET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia	
		DUE TO, OR AS A CONSEQUENCE OF	
		(and to ons, if ony, which gove) ise to immediate cause (a).  (b) Arteriolar nephrosclerosis	
		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		last. (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	S	Hemorrhagic gastritis	birinefire, the depositioning
	CERTIFICATION	19th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED 20th AUTOPSY? 20th IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
X	ERI	YES NO TO CHOSE OF THE OF INJURY 216. HOW INJURY OCCURRED (Enter nature of Injury in Port 1 or Part 2, In	- 101
	3	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	em (a)
	MEDIC	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. Na City or Town	County State
		21d. INJURY OCCURRED While Of work Office Building, ETC.  At HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town of work of work.	County State
		22a d cartify that (1) (this bosnital) attended the deceased from 1105 1969 to 1131 196	7, that (I) (we) lost
		saw the deceased glive an 1130 1969, and that in (my) (aur) apinion deoth occurred on the dot	e and hour and fram the
		causes stated above, (I) (we) (did) (did nat) view the bady after death.	
		1/ FI I I I I I I I I I I I I I I I I I I	ATE SIGNED
		The Director Phys.	31/1967
× /	1	22d. PHYSICIAN'S NAME (Type)  22e. ADDRESS	1
1	72.	BURIAL CREMATON. 236 DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATON (City or Town)	(County) (Conto) (
	2.50	BURIAL (REMATION) 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d JOCATION (City or Town) PREMINAL (Specify) Fib. 3. 1969 Washington Noblemal Similary	(County) (Stote)
0	24.	FUNERAL DIRECTOR ADDRESS / A 250 RECID BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
Y	Del	FUNERAL DIRECTOR Waltery Wolters, 254 Carrall De NW Wash LOC DATE FEB 3 1969 your	may Judge.



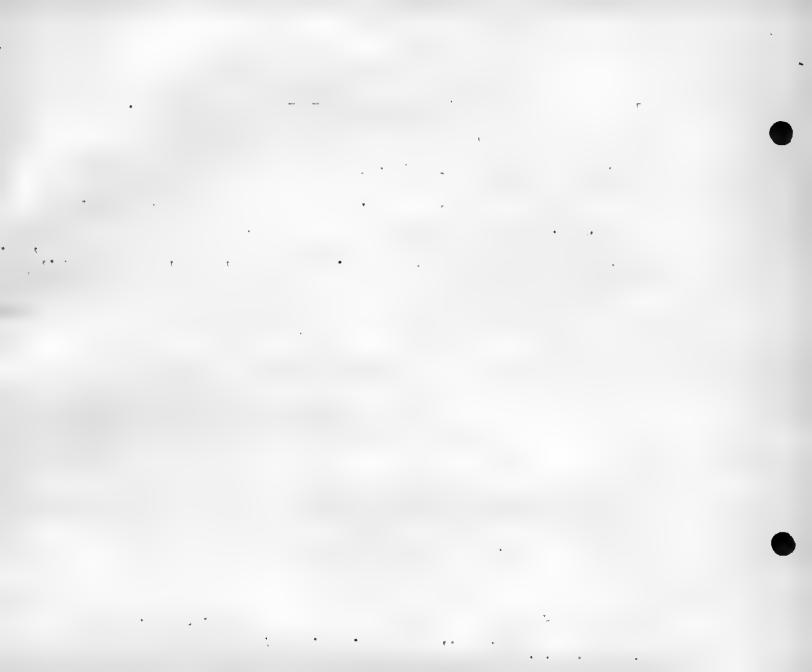
MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01095 01:00 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First 2a. DATE OF DEATH metuted within 24 haurs after death after death filled in by Werfuneral papers. Pages & and (Type or print) Month AMES 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINCER 1 YEAR last birthday HOURS White 1-1-95 as the burial-transit permit. Then please remove carbon papers. Ped as the burial-transit permit. Then please remove carbon papers. Ped Illinot to burial, crematian, ar removal, and in any event, within 72 haurs 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED X NEVER MARRIED country) DIVORCED [ MONTGOMERY WIDOWED 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 134 INSIDE CITY EMAITS? 13e STREET AND NUMBER NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle James Chase Hambleton Sarah Paulsen requires that the death certificate Wife 16b SOCIAL SECURITY NO 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes no, ar unknown) (If yes give wor or dates of service) Mabel N. Hambleton Same Item 13 as APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per ling (a), (b) and (c).) TWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO-DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON DIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been MCKINDM 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 296 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗖 NO [ directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while to work 22a. I certify that (1) (this haspital) attended the deceased from 1967, and that in (my) (our) opinion death occurred on the date and haur and from the couses stoted above, (1) (we) (did (did nat) view the body ofter death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 50 W. Edmonston Drive 22e. ADDRESS 22d. PHYSICIAN'S GERSHEN NAME (Type) BARTON Rockville, Maryland 23d. LOCAT ON (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE 23g BURIAL, CREMATION, (County) (State) Cremation 1-8-69 Cedar Hill Crematory Suitland. Maryland 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland DANJAN 9 Otherete, Verdage



	_		MARYLAND STATE DEPARTMENT OF HEALTH
14"	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201: 1036
appear }			CERTIFICATE OF DEATH
€ -	£ 2.		CEEASED-NAME First Middle Last 20. DATE OF DEATH 2b HOUR
dec	de de	1,	ype or print) (04 G. Hamlin Manth - Day - year 430 M
s after the fu	s. Pages 1 and 2 hours after death	3 SE	Male 4. RACE white 5 DATE OF BIRTH 2-15-85 lost partidox) 4. RACE white DAYS HOURS MIN
by ours	000	7a E	SIRTHPLACE (Store or foreign 7/6 CITIZEN OF WHAT COUNTRY? 8. MARQUES 7 NOVER MARQUES 7 SCHOOL OF DEATH
4 4	- Sec.	17/2	WIDOWED DIVORCED MENTY OMERLY
within 24 hours after death		10 (	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) in DUSTRY SCHOOL INSTITUTION (If not in hospital during most of working life, even if retired) in DUSTRY SCHOOL INSTITUTE COLONIER - LINSURURCE.
	\$ E / 1	130	LSUAL RESIDENCE (Where deceased level), 1 institution, Residence before 113c (ITY OR TOWN 13d, INSIDECTY LIMITS? 12a, STREET AND NUMBER
ecuted for the same	e ve	odm	You Hamshire of COUNTY CORNAM YES NO
	E E	14 F	ATHER'S NAME / First Middle Lost IS MOTHER'S MAIDEN NAME First Middle C Lost
e Be	2 2		Charles G. Hambin Lydia, Blake.
: The law requires that the death certificate be or attending physician te has been signed by the attending physician ar	and in any event		WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO 17 INFORMANT (SET) Address
fific hys	, c S	_ Y	es, no, or unknown) It'ves give wor or dates of service) 001-26-7437 - John. G. Hamlin 644 Mc Inknee Rd. My le
e e	The		18 CAUSE OF DEATH (Enter only one couse per line fox (o), (b), and (c))
agi igi	i a		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) IMMEDIATE CAUSE (0)
de	erm in, o		DUE TO, OR AS A CONSEQUENCE, OF
he the	ti p		Conditions, if ony, which gove
# # # \$	'ans		rise to immediate couse (a), (b)  stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF
sicio	3 <del>-</del>   9, -		<u>                                      </u>
Phy Sign Phy	buri		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
v re	to t	2	Devlots Melliller, CVA
The law requires th attending physician has been signed by	riar '	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The att	e de 🗡	STIFE	YES NO CAUSES OF DEATH?
N. or or or the	er u		216 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of in ury in Port 3 or Port 2, Item 18)  OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
Ports prife	af p	WEDICAL	(If either, natify medical examiner) P.M. 19
TENDING PHYSICIAN: etained by the haspital or CTOR: After this certificate	director, page 3 should be detached for use as the burial-transit permit. Then please remove too should be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any event		21d INLURY OCCURRED While Not while Office Building, ETC.  At Nome, FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. No City or Town County Stote
ING by 1	pe c		220 I certify that (I) (this hospital) attended the deceased from 1/ - 26 , 1960, to 1 - 29, 1969, that (I) (we) last saw the deceased alive an 1969, and that in (my) (earl) apprior depth accurred on the date and hour and from the
END ed	pe p		saw the deceased alive an
E in S	to to		an riolar or
Ok afTEND be retained DIRECTOR: A	ge 3 ed w		Degree PHYS Degree Director D STAFF DI-24-69
TO HOSPITAL OK ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: Affer	d be fi		PAME (Type) John S. Saia 220 ADDRESS 809 VIEWS mill Rd mD
HO.	rect	230	BUR AL CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)
22 5	9 4		Burial Jeb. 3, 1969 Evans Cemetery Gorham, New Hampshire
V	/R A15 (4)	1.	Large Sugar Sugar Courter 8434 Dry Georgia Aye., 250 RECD BY REG STRAR 250 BEGISTRARS NGMATURE
45	/R A15 (4) 5M + 1/69	W	larner E. Pumphrey, Inc. Silver Spring, Md. DAFEB 3 1969



	I.	1					PARTMENT OF				
			31103	DIVISION OF V			STON STREET, BAL	TIMORE, MARYL		01000	
			V 2 3 0 10		(	ERTIFICA	TE OF DEATH			01097	
	€ -7±		ECEASED NAME Firs		Middle	.1 /	Last	2a. DATE OF DEA		. V	2b HOUR
	deo ond deo			zabeth		Han lo		Janu	Marth Day	1969	8 20 p M
	frer a fu is 1 frer	3. 5		4 RACE		S.	DATE OF BIRTH	6	AGE (In years	JF JNDER I YEAR	IF UNDER 24 HRS
	rs al		emale	Caucas			12-23-1876		Age (IN Age)	MGII/IIJ	TODAS MAI
•	thou	"P	BIRTHPLACE (State or foreign ofry) ennsylvania	7b. CITIZEN OF WHA		8. MARRIED [] WIDOWED [X]	NEVER MARRIED	9 COUNTY OF DE			Md
	Arthur 2		ensington	11 NAA Giye sin	NE OF HOSPITAL OR INS	IIIJI:ON(IF nor ii Sanitar	haspital 120 USI	JAL OCCUPATION (King life,	even if retired.)	126 KIND OF I INDUSTRY	BUSINESS OR
	inted w implete ve corb event,	13a.	USUAL RESIDENCE (Where decersion) STATE Maryland	MAINTAN TOTAL	n: Residence before	Chevy (			AND NUMBER Grove S	treet	
70	d co mo	14.	ATHER'S NAME First	Middle	Last		OTHER'S MAIDEN NAME		Middle	01.000	Lost
<b>r</b> ej	onc in o		Joseph		Horte			rances	Anna	Fr	ederick
notif	Jeath certificate be executed within 24 hours after death, tending physician and completely filled in by the funeral mit. Then please remove corbon papers. Pages 1 and 2, or removal, and in any event, within Ferrous after death.	16a	WAS DECEASED EVER IN U.S. AF	MED FORCES? war or detes of service)	16b. SOCIAL SECURITY N	io. 17. INFO			e, 5410	hevy Ch.	ase. Md.
I.	th certification of the Then removed		IB. CAUSE OF DEATH (Enter of	inly one couse per line	for (a) (b) and (c)						MATE INTERVAL INSET AND DEATH
	를 사를 보고		PART I. DEATH WAS CAUS	ED BY. HATE CAUSE (o)	Corono		clusion				dden
n'er			4109	DUE TO, OR AS	A CONSEQUENCE OF	11		1.	_		
2	low requires that the riding physician.  been signed by the as the burial-transit per sorte burial, cremation.		Conditions, if any, which gave rise to immediate cause (a)	(b)	Coron	ary A	vteriose	lerosis		ye	ars
9	equires that the physicion. signed by the burial-tronsit berial, cremat		stating the underlying cause		A CONSEQUENCE OF						
とと	equires physicia signed I burial-tr		PART 2. OTHER SIGNIFICANT CO	) (c)	NG TO DEATH BUT NO	OT RELATED TO TH	E TERMINAL DISEASE OF	CONDITION GIVEN IN	PART I(n)		
V	req o bisi o bi		THE Z. STILL STORM CHILD	TOTAL CONTRACTOR	TO TO OLD THE DOT THE	THE THE TO THE	IC TENNINAL DISEASE OF	COMPRISON OFFICE	· AKI I(a)		
	The low re ottending has been se os the	CERTIFICATION	19a. DATE OF OPERATION 191	. CONDITION FOR WHIC	H OPERATION WAS PER	FORMED	20a. AUTOPSY?	20b. IF YES	, WERE FINDINGS (	ONSIDERED IN CI	RTIFYING
Medici	The offer has has	불					YES NO	CAUSES OF	DEATH?		
~7	or ate		21a. ACCIDENT WAS UNDERLY	ING 216 TIME OF		21c. HOW	INJURY OCCURRED (Ent	er nature of injury in	Part 1 ar Port 2,	Item 18.)	
<u></u>	Partie de la company de la com	MEDICAL	OR CONTRIBUTING CAUSE OF DE	niner) P.M.	Manth Day Year 19						
~	by the hospital or ottending by the hospital or ottending fler this certificate has been be detoched for use os the Stote Dept. of Health prior to	J.W.	at wark at wark	·			TION Street ar R.F.D. N		,	County	State
	ING by the frer coe d	L	22a. I certify that (I) (t saw the deceased	his haspital) atter	nded the decease	d from J	ne 6_, 19.	60, 10 Jan	19, 19	<u>69</u> , that	(I) (we) last
	END led   R: Al	L	saw the deceased causes stated above	alive an	did not view the	9 <u>66</u> , and th	hat in (my) (aur) a <sub>l</sub>	o <del>i</del> nian death acci	irred an the d	ate and haur	and from the
	ATTE etaine CTOR: shoul	L	22b, SIGNATURE	re, (i) (we) (did) (t	and tidi) view life i	Judy Gilei dec		,	220	DATE SIGNED	
	OR ATTENDIN be retained by DIRECTOR: After je 3 should be ed =ith the Sto		Ro	bent B 1 +	avel (n	DEGREE .	ATTENDING PHYS.	MED SI DIRECTOR P	14 EC 33 A 1	an 9,1	969
	HAL MAL I		22d. PHYSICIAN'S NAME (Type) Rol	oer + B./	forell 1	MD	22e. ADDRESS	6 Nebra			
	Poge 4 roof function	<b>2</b> 3a	BURIAL, CREMATION, 236	. DATE	23c NAME OF	CEMETERY OR CRI	EMATORY	23d. LOCATION (		(Caunty)	(State)
	0 0 0 jg =			-10-1969				Johnsto	wn, Penn	sylvani	а
	VR A15 (4)	24.	JUNEAL DIRECTOR AWLER	s Sons, I	nc., 500 50	Wisc.	2Sa REC'D DATE	BY RESISTRASES	25b REGISTARY	SAHAIN HE	
	30M REV 1/68	N	.W., Wash., D	.C., 20016			DATE	10-0	V		



_	1	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
F 42		FECEASED-NAME First Middle Last 2a. DATE OF BEATH 2b HOU Year 1/20
within 72 hours after death	(1	Type or print) E (12Aboth P. HANOLD LAND 30 1969 48
in the second	3 5	
hours after of the function of	-	Temple White Same 29 1875 lost birthday) AND DAYS HOURS M
100		BIRTHPLACE (Stote or fore gn 7b CITIZEN OF WHAT COUNTRY? 8 MADDIED WHETE MADDIED 9. COUNTY OF DEATH
d in 72h	(001	WASH DC U.S. WIDOWED DIVORCED MONTGOMERY
Vybin-24 ly 4fed ii oop poper within 72	10	CTY OR TOWN OF DEATH IN NAME OF HOSPITAL OR INSTITUTION (If not in nospital 120 USUAL OCCUPATION Kind of work dame 12b KIND OF BUSINESS OR
	2	I VER Spring give street address) Taip (and during most of working life, even if retured) INDLSTRY own home
ed plet car car	13a	USUA, RES DENCE (Where decease) ved, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
requires that the deoth certificate be executed with g physician.  signed by the attending physicion and completitly a buriol-transit permit. Then please remove carban burial, cremation, or removal, and in any event, with		Md. Mont 3.3 Mg 1800 NO 8/3 Mylestone De
nd rem	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
be on a second in the second i	L	Hugust Plitt Dorothy Margol
cate sicio oleo , an	16a Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  (es. pro or Binknown)  (* 1 yes give was or dates of service)  16 SOCIAL SECURITY NO  None  17 INFORMANT  Slain H Dlitt 12103 Security  Spr., Md.
phy en prove		No None Elsie N. Plitt 12103 Edgemont Street
ing ing		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROX.MATE INTERVAL BETWEEN ONSET AND OFATH.
leotleotl		PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) CARDIAC ARREST  30 MILE
att pen ion,		4/2 DUE TO, OR AS A CONSEQUENCE OF
the the mat		Conditions, if any, which gave inse to immediate cause (a).  (b) ARTERIOSCLEROTIC HEART Dis
train the creation of the crea		stating the underlying couse DUE TO, OK AS A CONSEQUENCE OF
ysic riol-		lost. (c) SENICITY
requestion of the state of the		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ding ding the	No	190 DATE OF OPERATION 1196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING
The low attendin has been see as the th prior the	CERTIFICAT	CALIFFE OF DEATING
Signal Si	ERE	TES NO Z
For all AN		OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
SIC erriting Code	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. Na. City or Town County State.
ATTENDING PHYSICIAN: effained by the hospital or CTOR: After this certificate should be detoched for u		21d. INJURY OCCURRED While Not while at work office Building, ETC  At HOME, FARM, STREET, FACTORY, 21f LOCATION Street or R.F.D. No. City or Town County State
V the state of the		22a. I certify that (I) (this hospital) attended the deceased from 1956, to 1-20, 1969, that (I) (me) I
A A Table		saw the deceased glive on $1 - 9 - 1969$ and that in (my) (aux) apinion death accurred on the date and hour and from the
OR TEN		couses stated above, (1) (we) (did) (did not) view the body latter death
A S S S S S S S S S S S S S S S S S S S		226 S GNATURE ATTENDING MED STAFF 224 DATE SIGNED
DIRE DORE		DIRECTOR LI PHYS LI / 20 6 9
RAI Pot p		22t PHYSICANS SAMUEL A. HILLMAN 22e ADDRESS 8829 FLOWER BUT 2040
OSP JNE Uld	220	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed we Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completed director, page 3 should be detached for use as the buriol-transit permit. Then please remove carb should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event.		BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCAT ON (City or Town) D. (Stote)  Prospect Hill Cemetery Washington, D. C.
	180	Legheral president C. Glen Carter ADDRESIL. Spr., Md. 250 ARE DAY AGISTER 2 25b, BEGISTERRS S GNATURE
VR A15 (4) 45M 1/69	W	arner E. Pumphrey, Inc. 8434 Georgia Avenue DATE 24 1969 July

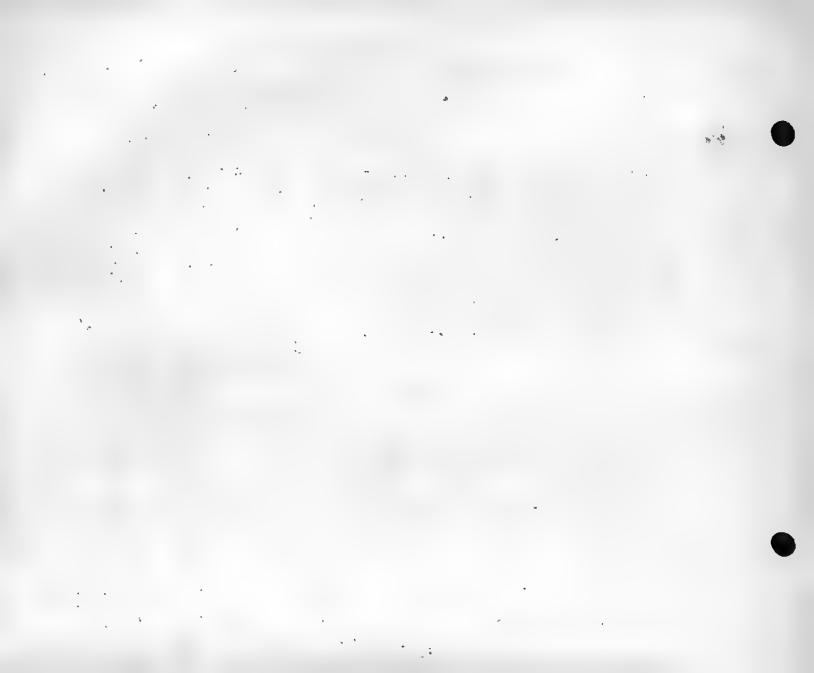


		01111	DIVISION C		5, 301 W. PKEST			LANU 21201		
FOR STATE		1 5 0		MEDICAL I	EXAMINER'S	CERTIFICATI	E OF DEATH		·	1689
HEALTH DEPT.		CEASED NAME	First		M-ddle	Lost		20 DATE KNOWN	] Month D	oy Year 2b HOUR
. 5 6 5 ₹	Į.	ype or Print)	Mary	l	WOODS	Hanse	n	OF ESTI	Jan :	23 1692:00,
5 m 4	3 SE	Х	4 RACE	S DATE OF BIRTH	6. AGE (in year last birthday)			2c DATE PRONOUNCE		2d HOUR
P SE	Fe	male	White	9/10/91		RS. MONTHS DATS	HOLRS MIN	Month	Day 23	Year 1967 2 4 M
		IRTHPLACE (Stote	or foreign 7b	CIT ZEN OF WHAT COU	NTRY? 8. I	MARRIED NEVER N	ARRIED 9 CO	INTY OF DEATH		
15 g	(OJn	liy) Mas:	2	U.S.A.	W	IDOMED 🔲 DI	VORCED 🔲	Montgomer	y	M
death with with	10 (	ITY OR TOWN OF		11 NAME OF	HOSPITAL OR INSTITUT			CUPATION (Kind of w	vork done 12	PE KIND OF BUSINESS OR
		Bethesd	<b>a</b>	give street or	idress) Subuŕl	oan Hospi	tall Hay	f working life, even it SAWIFE	f retired.) IN	AT HOME
after 8 Giv olong with t	13a	USUAL RESIDENI	E (Where deceased	I ved, if institution R	es dence before 13c. C	ITY OR TOWN	13d INSIDE CTY LIMITS?	13e STREET AND NU	MBER	70 10
hours after Item 18 Giv Office along Tond 2 with th	00	lm ssion) STATE	Wash, DC	136. COUNTY	- Wa	ash DC	YES 🔣 NO 🗌	6135 Ut	ah Ave	, N.J.
hours Item 1 Office 1 ond 2	14 F.	ATHER S NAME	First	M.ddle	Lost	15. MOTHER'S M	AIDEN NAME First	M	hiddle	Last
			Robert	McCune	Woods		Anna	3.		Fairbank
hin 24 hours not in Hem 1 niner's Office pages 1 and 2 hours offer d			ER IN U.S. ARMED FOR		CIAL SECURITY NO	17 INFORMANT	,	ADDR		
	{Y	es, na, ar unknaw	(If yes give war	or dates of service) 57	9-48-8908	NIELS H	ANSEN	-SAME	A3 #	13
d wil in pe Exar Exar File		18 CAUSE OF	DEATH (Enter only o		(a) (b) and (d))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rould be executed word "pending" in the Chief Medical E. riol-transit permit. F ony event within		PART I D	EATH WAS CAUSED B	CAUSE (a) Br	on chist	PARON	10171 2 -			3dogs
Med more		881	Y							
be "pe "pe insit		Conditions, if o	ny, which gave	(b) 7570	choice 1-1	et Femus	- + KA. H.	merus.		Gldey
and the state of t			ate cause (a), ( deslying couse (	DUE TO, OK AS A C	ONZEGIOENCE OF					
should be en word "per to the Chief I buriol-transit		last	)	10 A17	ero Scler	rà Care	die Vasc	ular Dis	6386	40215
is certificate she te, writing the forwarded to the e used as a bur remaval, and in		PART 2 OTHER !	GNIFICANT CONDITIO	INS CONTRIBUT NG TO	DEATH BUT NOT RELATE	ED TO THE TERMINAL	DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)	)	
his certificate and, writing the forwarded to be used as a forward transmand, and	z			Dia	betes MI	ellitis.				
certif , writi orwar used used mava	ATIO	19a. DATE OF O	PERAT ON		ONDITION FOR WHICH (	OPERAT ON	-			20 AUTOPSY?
This certificate, writing be forward be used or remava	CERTIFICATION			, W	AS PERFORMED?					YES NO Z
		210. EXTERNAL	AUSE WAS CONTRIBUTING	21 b. TIME OF INJURY	Manth, Day, Yeor	21c HOW INJURY		re of injury in Part 1	or Part 2, Item	18)
INER: Te certific should b files. 3 should institute of the state of t	MEDICAL	CAUSE OF DEAT	1	2 PM. /V	W 17 1968	Fell	at from	-		
	ME	21d. NJURY OC		CE OF NURY (At hame y, affice building, etc.)	e, farm, street,	21f LOCAT ON Street		City or Town		County State
DEPUTY SOLAL EXAM ressory, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page to the prior to buriot, crem		AT WORK A	WORK N	Home -		6135 %	tak AVE	Washing	1/217- 6	oc DC
Pograment Pograment		220 1	certify that I tool	chorge of the rem	ains described abo	ove, held on Au	topsy , In	spection X, In	принту 🔀 .	and in my opinion
For tor.		deoth re	su ted fram:	Natural causes	], Accident 🔀	, Suicide 🗍,	Homicide	Undetermined	monner [	
please director director DIREC or to b				0 0	0 00	CI	HIEF MEDICAL EXAMIN	ER 🔲		
al o lo		ACTUAL SIGNATURE	Jo	my,	Fall		SSISTANT MEDICAL EX	AMINER 🔲	226 DATE SIG	
Sory Sory Sory Sory Sory Sory Sory		EXAMINER'S	20/22	C 53.33			EPUTY MEDICAL EXAM			23,1969
o DEPUTY Colored necessory, please the funeral direct 5 may be retoine o FUNERAL DIRECT Hill of the prior to 1		NAME (Type)	Dr. Joh	n G. Ball				iwn, or county) M		6. MD.
necessory, please the funeral directions in the funeral directions from the retoine from the prior to be the funeral directions from the function of the funct	23a	BUR AL CREMA'	7.3		23c NAME OF CEMETE			LOCATION (City of To		(State)
()	1	127/69	COE	MATION		HILL CRI	EMATORY	SUITLA	11	MD.
J. J		FUNERAL DIRECT	OR .		ADDKE22	100 1 5 0	250 RECD BY RE		REGISTRAR & STO	NATURE
VR A15ME (\$)	170	S. GAN	LERIS	DN3,5130	WIS. AVE, W	VASH, D.C	DANAN Z	भ । ७७५ ।	Charle	A Jungal

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01100 01105 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20 DATE OF DEATH ours after death. Month 19 Day 969 Year hours ofter death (Type or pnnt) Jan. 3 SEX 6. AGE (In years IF JNDER I YEAR NE JAIDER 24 HRS last birthdoy) 9 COUNTY OF DEATH DIVORCED [ 24 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR be-executed within during, most of working 130 USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c CITY OR JOWN 13e FREET AND NUMBER admission) STATE 13b. COUNTY YES TE detached for use as the buriol-trainsit permit. Then please tender to Dept. of Health prior to buriol, cremation, or removol, and in any 14. FATHER'S NAME Middle MOTHER SMAIDEN NAME First Last requires that the death certificate 160 WAS DECEASED EVER IN US ARMED FORCES? 16b. SOPIAL SECURITY NO 17. INFORMANT [If yes give war or dates al service] Yes, navor unknown) 18 CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c))
PART 1 DEATH WAS CAUSED BY-Canditions, if any, which gave ) nse to mmed ate cause (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) FUNERAL DIRECTOR: After this certificate hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? 21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. director, page 3 should be detache should be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town Stote County While Not while at work 22b, SIGNATURI 22c. DATE SIGNED DEGREE PHYS DIRECTOR 22e ADDRESS 22d. PHYSICIAN S NAME (Type) 23a. BURIA, CREMATION 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Carter VR A15 (4) 30M REV. 1/68 8434 Georgia Avenue



		MAKILAND STATE DEPARTMENT OF HEALTH		
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	247	with
-		CERTIFICATE OF DEATH	110:	4
H	1 DI	ECEASED-NAME / First Middle Lost Zo. DATE OF DEATH	1	2b. HOUR
Н			Doy Yеаг	4 AM
1	3. SE	EX 4 RACE S. DATE OF BIRTH 6 AGE (In years	IF UNITER I YEAR IF U	INDER 24 HRS
	J. J.	Timele (U)  4 RACE  4 RACE  5. DATE OF BIRTH  6 AGE (In years lost birthdoy)  F yr	MONTHS DAYS HO	URS MAIN
		BIRTHP, ACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH		
	(QUI	Strong ruy 4 ) Ff WIDOWED DIVORCED 1 1907.	Jensey.	Md
,	10 0	CITY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)  June 12a USUAL OCCUPATION (Kind of work don during most) of working life, even in tretired	e 12b KMD OF BUSI INDUSTRY	NESS OR
	130.	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d WISIDE CITY LIMITS? 13e STREET AND NUMBER		<del></del>
	admi	issian) STATE Ind 13b. COUNTY Mont Backwille YES NO 254 Leven 1.	rook Rl	
	14. [	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	l.	.ast
		Willed / Illmschusel Emma	Gott	heit
	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes no or unknown)   (If yes give year or defes of service)	Kelme de	ikon
		Yes, no ar unknown) (If yes give war or dotes of service) 202-20-178 Jinne (Mullin Circuighla,	)	
		18 CAUSE OF DEATH (Enter only one cause per line, for (a), (b), ond (c).)	APPROXIMATE BETWEEN ONSET	INTERVA. AND GEATH
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Commenting Healt Failures	1x 4111	1112
п		DUE TO, OR AS A TONSEQUENCE OF	1	<u> </u>
		Conditions it only, which gave)	1000	1.19
		stoting the underlying couse DUE TO, OR AS A SONSEQUENCE OF	1	2 Cat in
		lost (a) Shares Klaser Universal Klaser	10uen	200
		PART 2 OTHER SEGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	-	
		Cheoric Ohatsen En pleasure		
	FICATION	190. DATE OF OPERATION 196. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDING	S CONSIDERED IN CERTIF	FYING
	2	YES NO CAUSES OF DEATH?		
	CERT	210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part	2. Item 18.1	-
		or contributing cause of death HOUR A.M. Month Day Year	-,	
	MEDICAL	(If either, natify medical examiner)  P.M.  19  21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY, \$21f, LOCATION Street or R. F.D. No.  City of Your	County	State
1		While Not while \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	County	Jiule
1		of wark af wark	19 67 that (1)	(-we) last
1		220. I certify that (I) (this hospital) attended the deceased from 1/27/, 196/, to 1/3/2/, saw the deceased glive on 1/2/, 196/, and that in (my) (our) apinion death occurred on the		
		causes stated above, (1) (we) (did) (did-not) view the body after depth.	actic cite theor cite	, ., ., ., ., .
		22b. SIGNATURE / // VI // // // // // // // // // // // // //	2c. DATE SIGNED	
		DEGREE PHYS DIRECTOR DIRECTOR PHYS DIRECTOR DIRE	1/22/69	
		22d. PHYSICIANS 22e, ADDRESS / // // //	1 11/1/	1/1.1
		NAME (Type) 804 Viens Mills Pd, Ro	och wilks	12/2/
	23 a.	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (	State)
		Burial 1/24/69 Harbaugh's	Franklin	Pa.
	24	ELINERAL DIRECTOR 27 ADDRESS 250 REC D, BY REGISTRAR 25b. REGISTRA		
	5	As wid 7/ Strain Waynesborn Pa MAN 2 / 1969 fclie	men Judas	-





	I	tem 18 Film	408 1-21-	PO MAKYLANI	SOIW PE	PEPAKIMENI U	IF HEALI	IH E, MARYLAND 21201	011	0.2
		01108	pitiolott of			ATE OF DEAT		L, MARIDAN ZIZO	OII	บอ
oth. data		Type or print)	rist	Middle		Lost	20	DATE OF DEATH  1 Month 1	Doy 69 Year	2b. HOUR
uner uner r de	3. \$	Ri	chard D	·(No name)		Hargrove 5. DATE OF BIRTH			F UNDER 1 YEAR	6:30 M
affer he fu yes offe	J. )		7 11 22				PY	6. AGE (In years lost birthday)	MONTHS DAYS	
Po Po	7 <sub>0</sub>	Male BIRTHPLACE (State or foreign	7b. CITIZEN OF W		B. MADDIED T	1/13/189  NEVER MARRIED		75 Y	къ. ј	
od 4 de la		ntry) :illwater, Mo			WIDOWED [				ntgomery	Md.
fille page hin	10	CITY OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR INST	TTUTION (If no			UPATION (Kind of work do		OF BUSINESS OR
with with bon with	L	Wheaton	Un	street oddress)				working life, even if retired ician		
cuted complet	13o odm	USJAL RESIDENCE (Where de	ceosed lived, if institu	tron Residence before	Newbe		NO	13e STREET AND NUMBER 2227 West		et
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the dark certificate be executed within 24 hours after death. Page 4 may be retained by the harspital or ottenling physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the ortending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriof-transit permit. Then please remove corban pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death	14	FATHER'S NAME First  Rufus	Middle	Hargrov	e 15	MOTHER'S MAIDEN NAM	ME First	Ellen	Copel	and
cote sicior sleos	160	WAS DECEASED EVER IN U.S. (es, no, or unknown) (1995)	ARMED FORCES? give war or dates of service)	166 SOCIAL SECURITY N		IFORMANT		Address	\$	
physen povaí	L	No No		173-09-77	00 [1]	niversity	Z Nur	rsing Home	Wheat	on, Md
h ce iii g rem		IB. CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er only one couse per l						BETWEEN	ONSET AND DEATH
r. o. iii		11 1 5 Y MA	AEDIATE CAUSE (o)	Gronch	1000	monto			20	cery,,
the of the affiour		Conditions, if any, which gi		ME AN SOUNSEQUENCE KOR 3		610			64	chs.
Te non see a		rise to immediate couse ( stating the underlying cou		AS A CONSEQUENCE OF		1				· · · · · · · · · · · · · · · · · · ·
rres /sicio ned iof-t		last	(c) (							
ATTENDING PHYSICIAN: The low requires stoined by the haspital or otten ling physici CTOR: After this certificate has been signed should be detached for use as the buriofith the State Dept of Health prior ta burial,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	JTING TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE	ORCONDITI	ION GIVEN IN PART I(o)		
low bee ss th	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PER	FORMED	20a AUTOPSY?		206 IF YES, WERE FINDING	GS CONSIDERED IN	CERTIFYING
sha si a th	E						0 🗆	CAUSES OF DEATH?		
AN: al or icate for Heal		210 ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF		FINIURY Month Day Year	21c HO	W INJURY OCCURRED	(Enter notur	e of injury in Port 1 or Port	2, item 18.)	-
SICI spite spite sertification of the state	MEDICAL	(If either, notify medical ex	cominer) P.M.	19	OPY 1 275 LO	CATION COMMON DE DE	\ h_	City or Town	County	Stote
PHY his of bept	_	White Not white of work	ZIE PLACE OF INJURY	AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC.	217. (0	CARON SIFEE OF K.F.L.	) INO	City of lown	County	3101e
ING by the ter t tote		22a 1 certify that (I)	(this hospital) att	-	d from_/	2/10	1967	to //1/67	1997, the	at (I) (we) last
END Fed to		saw the decease	d alive on/	(did nat) view the b	and	l t <b>hát</b> in (my) (our) leath	opinion	death occurred on the	date and hav	r ond from the
A1TI Shoring short		22b. SIGNATURE	dive, (1) twel tully	(did har) view life i	ouy direi o				22c, DATE SIGNED	
OR be red w		all ron	d de 12	y.ill	DEGRI	EE PHYS.	DIRECTO	STAFF C	1/1/6	9
moy moy peggrir, pegg		22d PHYSICIAN S NAME (Type) Myr	ron L. Li	nkin		22e ADDRESS		/		
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hispital or otteniling physicion TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriof-transhould be filed with the State Dept of Health prior to burial, or	230	BURIA CREATION 2	1-4-69	23c NAME OF C	emetery or vood	Cemetery	23d <b>Wi</b>	LOCATION (City or Town) Lliamsburg	Lycomi	ng Pa.
VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR Robe 557-Wiscon	ert A Pi	mphrewess Bethes	da, M	id. 250 RE	C'D BY REG		AR'S SIGNATURE	eas.



1	1		DIVISION OF			DEPAKIMEN PESTON STREE					
-4-	O 1 1 () 3 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH							01104			
± −2±		ECEASED-NAME First	M.	M.ddle		Last	20.	DATE OF DEATH		2b HOUR	
funeral funeral s 1 and 2		'ype ar print) NELLII	STABE	HARLAN				Month Day	y 1°969	M	
after of the fur	3. \$	X	4 RACE			S. DATE OF BIRTH		6. AGE (In years		HOURS MIN.	
rs after		emale	Caucasian				/1892	last birthday) 76 YRS.			
Do	COU	ntry)			MOTARIED METER MARKED		V	UNTY OF DEATH			
24 in particular in the partic		Baltimore, Md.	USA	LUE OF HOSPITH OF HIS	WIDOWED		<del></del>	Montgomery	The min of the	Md.	
within san page 1911	i .		give s	AME OF HOSPITAL OR INS street address) iv. Nurs.		· ·	during most of HOUS BU	CUPATION (Kind of work dane warking life, even if retired) UIT &	126 KIND OF BU	ISINESS OR	
mplete e cark	13o odm	Theaton, Md. USUAL RES DENCE (Where decease Many Tahd	lived, if institut	on. Residence before	Silver	TOWN 13d.	INSIDE CITY LIM. 157	13e. STREET AND NUMBER	de Prino		
mg c	_	FATHER S NAME First	Middle	Lost		. MOTHER'S MAIDE		Middle		Last	
in a grant	Hugh A. Morrison Clara Leech										
hysicity n pleas	1	WAS DECEASED EVER IN U.S. ARM les na, or unknown) (If yes give wi	ED FORCES? or or dates at service)	166. SOCIAL SECURITY 577-07-20	005 /	NFORMANT 1-1. Dam		Address Andress	erre	2, Tik.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages. Pages 1 and 2 should be filled with the State Dept of Health prior to burial, cremation, ar remayal, and in any event, within 70 hears after death		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIA Conditions, if any, which gave tise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR A	IS A CONSEQUENCE OF		THE TERMINAL D	ISEASE ORCONDIT	FION GIVEN IN PART 1(a)	APPROVIMATI BETWEEN ONSE	L INLEVAL.	
	CERTIFICATION	19a. DATE OF OPERATION 19b. 0	ONDITION FOR WH	CH OPERATION WAS PE	RFORMED	20a. AUYOPSY	/? NO 🔀	206 IF YES. WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CERT	TIFYING	
	MEDICAL CER	21a, ACC DENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year (If either, natify medical examiner)   P.M.   19									
	ME	21d INJURY OCCURRED 21e. While Not while	PLACE OF INJURY	AT HOME, FARM, STREET, FA	TORY.) 21f. LC	CATION Street a		City or Town	County	Stote	
TENDING ined by the OR: After auld be don't the State		220 I certify that (I) (this hospital) attended the deceased from var 1967, and that in (my) (our) apinion deals accurred on the date and hour and from the causes stated above, (I) (we) (aid) (did not) view the body ofter death.									
OR AT be reta DIRECTO		22b. SIGNATURE	2 1	1	DEGR	, ,	MED. DIRECTO	OR PHYS. D	DATE SIGNED 19	رغ	
SPITAL 4 may IERAL ar, pag d be fi			e Eig, M			***	Colesv:	ille Rd., Silv	er Spring	9, Md.	
HO Ege FUN Foul	230	BURIAL, CREMATION, 23b. ( REMOVAL (Specify)	ATE	23c NAME OF				LOCATION (City or Town)	~ `	(State)	
ちょちょいり	P.4	10 77 0 17	15-1959		1.100/-	Ce. etn.	TES DECID BY DOO	Suitland Pr. C	APONATION.	Ad.	
VR A15 (4)	11,	FUNERAL DIRECTOR		SU34 Geor	nia Au		WAN 20	1969 Filian	Cas Judge	<b>4</b> ;	



1/2	Items 18822a Film 409 MARYLAND STATE DEPARTMENT OF HEALTH 2-26-69 ams Division of Vital records, 301 w. preston street, Baltimore, Maryland 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT. ∴₽₿ ७	1 DECEASED NAME First Middle Last 20 DATE KNOWN Month Day Year 25 HOUR (Type or Print) Roleind 7 Filt 1900 DEATH MATER X 1-27 1966
delay is and 3 ta M3 Page	3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years if UNDER 14 HRS 10 UNDER 14 HRS 12 DAYS HOURS MILH MONTHS DAYS HOURS MILH MONTH 1 28 Day Year 16 12 15 16 16 16 16 16 16 16 16 16 16 16 16 16
and	70 BIRTHPLACE (Stote or foreign   7b CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH COUNTRY)   Md   U.S.A   WIDOWED   DIVORCED   "OTTOOMPT!"
death Page Page Page Page Page Page Page Page	10 CITY OR TOWN OF DEATH  Takoma Die  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital grue, street indicess)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 KIND OF BUSINESS OR during most of working life, even if retired)  121 INDUSTRY  122 Sycamore ave
	130 USUAL RESIDENCE (Where deceased lived, funstitution Residence before 13c CITY OR TOWN admission) STATE A 13b COUNTY Tokoma Park YES NO 7123 Troomany 130 Troo
24 haurs in frem 13 office r's Office es land 2 vrs after d	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Clara Chipman
within 24 in pencil in Examiner's File pages 72 haurs	166 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17. INFORMANT   167 Yes no, or unknown   168 Yes no, or unknown   169 Ye
xecuted vading in Medical Experiment, File permit, File within 7	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART 1. DEATH WAS CAUSED BY  IMMIDIATE CAUSE (o) Fatty metamorphosis of liver, advanced
	Conditions, if only, which gove (b) (b)
should be the war!" "per the Chief I burial-transit I in any ever	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)
vertificate sh writing the rwarded ta t sed as a bur naval, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
This certificate icate, writing the be forwarded to the used as a bor remayal, and	19a DATE OF OPERATION 19b COND T ON FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO  210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 22c HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 2. Hem 18.)
INER: Throater certificate certificate should be files. 3 should be attack of the certification of the certification.	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year HOUR A.M. 19 226 HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 2, Item 18.) 227 CAUSE OF DEATH 228. PLACE OF INJURY (At home form, street). 2216 HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 2, Item 18.) 228 CAUSE OF DEATH 229. PLACE OF INJURY (At home form, street). 2216 HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 2, Item 18.) 239 CAUSE OF DEATH 229. PLACE OF INJURY (At home form, street). 2216 HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 2, Item 18.)
EXAMINER: This certificate ute the certificate, writing the age 4 shauld be forwarded to your files. Page 3 shauld be used as a Brown or remayal, and	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, at work at w
DEPUTY DICAL EXAMINER: seessary, please execute the certiful to the funeral director. Page 4 shauld may be retained far your files. FUNERAL DIRECTOR: Page 3 shauld prior to burial, cremation,	22a. I certify that I taok charge of the remains described above held an Autopsy N. Inspection Noturel, and in my opinio death resulted from: Notural causes N. Accident Notural CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESSIST 24. UNIT OF PROPERTY OF P
TO DEPL necessa the fun 5 may TO FUNE Health	230 BURIAL CREMATION, REMOVAL (Specify) Burial  230 DATE  231 NAME OF CEMPTRY OR CREMATORY Burial  231 LOCATION (City or Town) (County) (State) Baltimore, Md.
VR ATSME (5) 10M REV 1/6	24. FUNERAL DIRECTOR  F. Ga sch's Sons Hyattsville, Md.  ADDRESS  ADDRESS  ADDRESS  DATE  PROPERTY REGISTRAR 96925b REGISTRAR



	1	MAKITAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1 1		O1111 CERTIFICATE OF DEATH
. 5 25	1. D	ECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
er death. funeral . 1 and 2	(	Type or print) RAYMOND NMN HAZEL Morth POG_19695 A M
full full	3. S	
nours after in by the fur	1	MAVE CAUCASIAN 5-21-1871 lost and yes. MONTHS CAYS HOURS MIN
Thou and the same	70	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 h capers	12	ENNSYLVANIA UNITED STATES WIDOWED DIVORCED   MONTEGNERY Md
	10.	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital   120 USUAL OCCUPATION (Kind of work done   126 KIND OF BUSINESS OR   126 USUAL OCCUPATION (Kind of work done   126 KIND OF BUSINESS OR   127 USUAL OCCUPATION (Kind of work done   126 KIND OF BUSINESS OR   127 USUAL OCCUPATION (Kind of work done   126 KIND OF BUSINESS OR   127 USUAL OCCUPATION (Kind of work done   126 KIND OF BUSINESS OR   127 USUAL OCCUPATION (Kind of work done   126 KIND OF BUSINESS OR   127 USUAL OCCUPATION (Kind of work done   127 USUAL OCCUPATION (Kind of work done   128 KIND OF BUSINESS OR   127 USUAL OCCUPATION (Kind of work done   128 KIND OF BUSINESS OR   128 USUAL OCCUPATION (Kind of work done   128 KIND OF BUSINESS OR   128 USUAL OCCUPATION (Kind of work done   128 KIND OF BUSINESS OR   128 USUAL OCCUPATION (Kind of work done   128 KIND OF BUSINESS OR   128 USUAL OCCUPATION (Kind of work done   128 KIND OF BUSINESS OR   128 USUAL OCCUPATION (Kind of work done   128 USUAL OCCUPA
d with	1	VETTESUM SYLL MIKNWOODURIVE KETIRED -
omplete event,	adm	USUAL RESIDENCE (Where deceased head, if institution Residence before 13c CITY OR TOWN 13d INSIDE (IT IN MISS) 13e STREET AND NUMBER 135 INSIDE (IT IN MISS) 13e STREET AND NUMBER 13c INSIDE (IT IN MISS) 13e STREET AND NUMBER 13c INSIDE (IT IN MISS) 13e STREET AND NUMBER 13c IN MISS IN
ecute ave ave	$\vdash$	MILETATION MANAGEMENT BETHESVIT " DITTENTION DENVE
and and rem	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
e bi	14.0	WAS DECEASED EVER IN U.S. ARMED FORCES? 166_SOCIAL SECURITY NO. 17 INFORMANT PUPPE Sec. STATE AS \$1.3
e death certificate b attending physician permit. Then please an, ar remmval, and i	100	Yes, na, ar unkyrtywn) ( 'yes give war or dates of service) 518 - 60 -610 MPS MYRL 2 FARRITL DAUGHTER
cert pph hen	F	18 CALISE OF DEATH (Spiter only one course per line for (a) (b) and (c))
# jej je		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY.
ne death attendi permit.		, IMMEDIATE (AUSE (a)
e at		Conditions, if ony, which gave
at the sist in the sist is the		ase to immediate couse (a)
equires that the death certificate be exphysician. signed by the attending physician and burial transit permit. Then please rentuind, crimation, ar remaval, and in article.		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF last.
hys gne uria	П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
rec ng P sin si re b	l.,	
day bee	1 É	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
A has after X	CERTIFICATION	YES NO CAUSES OF DEATH?
or use with the second		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
PHYSICIAN: The law re the haspital or attending this certificate has been etached for use as the Eberth of the the thin this certificate has been beached for use as the Eberth of the thin this thin this thin the thin this thin thin this thin thin this thin this thin this thin this thin this thin this thin thin this thin this thin this thin this thin this thin this thin thin this thin thin this thin thin this thin this thin this thin thin thin thin thin thin thin thin	MEDICAL	GR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year [If either, notify medical examiner] P.M.
YSI cer chec pt. c	ME	21d INTURY OCCURRED 21a PLACE OF INTURY CAT HOME FARM, STREET, FACTORY 1 21f LOCATION Street or R.E.D. No
this the bear	П	While Not while at wark of wark
IDING d by ri After d be d	П	220. I certify that (I) (this-hospital) attended the deceased from (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
END ned   N: Ai		saw the deceased alive an
ATI ATI	П	22b. SIGNATURE (1)
OR OR INE	П	DEGREE PHYS DIRECTOR DIRECTOR DIVISION DIRECTOR DIVISION DIVISIONI DIVISI
AI D	'	22d. PHYSICIAN'S 22e ADDRESS 2
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial from shauld be filed with the State Dept. of		NAME (Type) CHAMILES E. WOODSON 34.5 % MC ex the A Direction
HO FUT From	230	BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City, or Town) (County) (State)
15-520	2	FUNERAL DIRECTOR TOCKOH GANGERS (NO. 1250, RECD. 87 RECD.
VR ATS (4) 30M REV, 1/68	24	FUNERAL DIRECTOR TO SEPH GAWLED SADDRESS STATELY (1969) 256 AFGITRARS GANTHERS CONTINUES OF THE SADDRESS CONTINUES OF THE
DM71 N6 1, 1700	_	1150 wist TVL, Wish. Wilsting Dist. DAT.

ALANVIALIN CTATE NENANTALENIT AP HEAL



_	B.				TAIL DEPARTM				
		04440	DIVISION OF VI	· ·			RE, MARYLAND 212	201 911	0.8
		01112		CER	TIFICATE OF	DEATH			
. 2.	1. D	ECEASED-NAME First		Middle	Last	20	. DATE OF DEATH		2b. HOUR
atte of the			EPHINE	E	9 INER	10	7 Month	Doy Year	6 A M
de de de	2.5			ELECTI			JAN	9 1969	
fer free	3. 5	at 1	4. RACE	M. Jan	S. DATE OF B	IRIH	6 AGE (In year lost buthday)	IF UNDER 1 YEAR  MONTHS   DAYS	1F UNDER 24 HRS. HOURS MIN.
s at the rs a		TEHLALE	WH	112	1/orteu	122 1,18	18 90	YRS.	
ph ph	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY? 8.	IARRIED 🖄 NEVER MAI	RRIED 9. CC	UNTY OF DEATH		
d in d in 72 h	COU	Wisconsin	4.5			RCED 🗍	Montgo	MERY	Md.
death certificate be executed within 24 haurs after death. tending physician and campletely filled in by the funeral mit. Then please remove carban papers. Pages 1 and 2 b, or removal, and in any event with in 72 hours after death	10.	TITY OR TOWN OF DEATH		OF HOSPITAL OR INSTITU	FION (If not in hospitol	120 USUAL OC	CUPATION (Kind of work	done 12b, KIND O	OF BUSINESS OR
THE SEE MI		MART ALTUN	9 871	14 CAUCEA	OU SIEE	7 0	TORLSPUN	ME-	
campletely fill nove carban ny event and		USUAL RESIDENCE (Where dereg	red lived, if institution	Residence before 13c	CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUM	BER COTS	Lost.
and camp remove		1/104011	9 110	algeally o	WUEC FRANK		8/14 ( auce	KAN WICEFI	44.207
and conditions	14.	FATHER'S NAME FIRST	Middle/	Glost 1/	IS. MOTHER'S M	ALDEN NAME First	Mic	ddle	last
be n al				PMILR		Kucki	la	HUA	Son_
ertificate bu physician nen please naval, and in		WAS DECEASED EVER IN U.S. AR	WED FORCES? 16 wor or dotes of service)	b. SOCIAL SECURITY NO	17. INFORMANT	n 11	1 8714 Bld	interone	Street
tific shys		NO			action	N. 17891	gilize 9	bring Take	209/0
and		18 CAUSE OF DEATH (Enter or	y one couse per line f	or (a), (b), and (c).)	1	. / .		AFYRO. BETWEEN	DXIMATE INTERVAL I ONSET AND DEATH
death ce attending permit. Th		PART DEATH WAS CAUSE	D BY. ATE (AUSE (o)	merste	ne hear	L Harl	url	14	12
de de life		4122	1 1	CONSEQUENCE OF	<u> </u>	11			
a d d		Conditions, if ony, which gove		7 - 1	cluster	Kinch	dillin	646	200 11
by the rounding the property of the property o		rise to immediate couse (a),	(b) C	CONSEQUENCE OF		70,30	Merina	-	or Ce
trage of the state		stoting the underlying couse		CONSEQUENCE OF					
equires physicie signed burial-t burial, c		PART 2 OTHER SIGNIFICANT CO	(c)	C TO DEATH BUT NOT B	LATER TO THE TERMINA	MINOS OF SEASON OF	TION CIVEN IN DADT 1/a)		
requestion of the second of th		PART Z OTREK SIGNIFICANI CO	NDITIONS CONTRIBUTION	O DEATH BUT NOT K	DATED TO THE TERMINA	AL DISEASE OR CONDI	HON SIVEN IN PART I(U)		
din din	NO.	19o. DATE OF OPERATION 19b	CONDITION FOR WHICH	OPERATION WAS PERFOR	MED 200, AUTO	apcva	JOHN TE VEC WIEDE FINI	DINGS CONSIDERED IN	CEDTIEVING
The law re attending has been se as the h priar to	CERTIFICATION	170. DATE OF OPERATION 176	CONDITION FOR WINES	OFERALION WAS FER OR		_	CAUSES OF DEATH?	DINGS CONSIDERED IN	CLKIII SINO
and	1	Ob - ACCIDENT IN C INDEED OF	IC LON THE OF A	D40V	YES _			0 - 0 1 - 10 1	
AN AN COT	l ¥	210 ACCIDENT WAS UNDERLY!  ☐ OR CONTRIBUTING ☐ CAUSE OF DEA		Wonth Day Year	216 HOW INJURY OF	CUKKED (Enter note	ire of injury in Part 1 or	Part 2, 11em 18.)	
of difficulties at the second	MEDICAL	(If either, notify medical exam	ner) P.M.	19					
FNDING PHYSICIAN: The law med by the haspital ar attending R. After this certificate has bee build be detached far use as the State Dept af Health priar	ž	21d. INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT	HOME, FARM, STREET, FACTORY, FICE BUILDING, ETC.	21f LOCATION Stre	et or R.F.D. No.	City or Town	County	State
the det		ui wark ai wark				7.7	-0.		
Start fee		22a. I certify that (1) (th	is haspital) attenç	led the deceased f	ram (lille)	19.59	, ta 19600 7	<u>,</u> 19 <u>69</u> , tho	at (1) (we) last
EN E		saw the deceased courses stated above	live an	d nat) view the had	27, and that in tar	JA) (ant) abiniot	death accurred an	the date and hav	r and fram the
Train the	1	22b SIGNATUREX	CALLY (WC) (OB) (UI	a fidi) view file bas	y differ dodin.			22c. DATE SIGNED	
OR ATTENION BE retained STRECTOR: A per 3 should be dowith the	П		. I Cale	ma. MD	DEGREE PHYS	NG MED.	OR STAFF	81.9	19/0
A P P P P P P P P P P P P P P P P P P P		22d, PHYSICIAN'S	AMES R.	COLEMAN		DAKEET		SILVER SP	RING
RAIL P			mooroin.			4 COLUMB	SIA BLUO -	Md.	///~ (
Page 4 may be retained by the haspital ar attending physician.  TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely full director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban is should be filed with the State Dept af Health prior to burial, crematian, or removal, and in any event with	230		DATE		TERY OR CREMATORY	236	2 11 11 11		An (State)
2 5 5 6 V	-	OCHOVA. (Spec tyl)	יו ון עלחוווי	949 Pado	4 Hill/2.	15/shis	Sulton	Thing o	ter ms
E E	24	FUNERAL DISPECTOR	The state of	ADDRES CO	-3/11/	2Sa. RECD BY RE	STRAID CO 25b REST	STRAP'S ATGNATURES	ice,
30M REV 1/68	1	Astato liste	3-5/2546	arriver	- 7AA10	LINAL	ज ।उ०उ	1	0
24	VI.	and the contraction of	11/03h	MOWENT IN	, would	Post II.	1.	48	

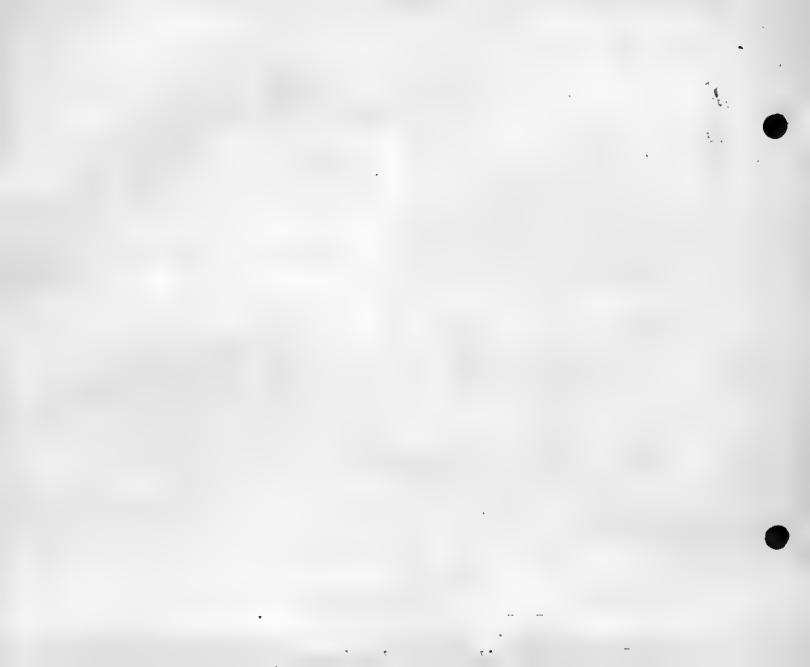


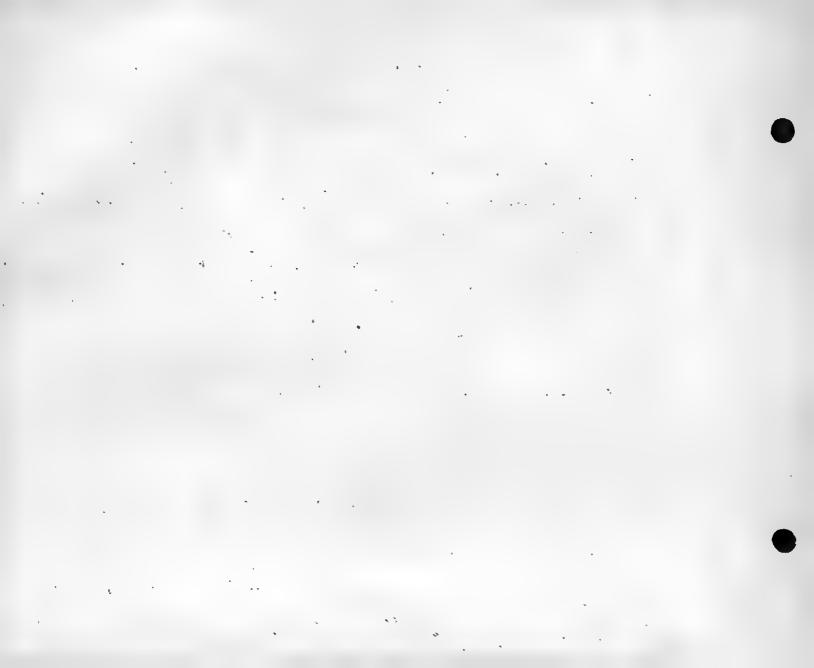
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01110 CERTIFICATE OF DEATH din by the funeral Sers. Pages I and 2 72 hours after death. 1. DECEASED NAME First Middle lost 20 DATE OF DEATH 2b. HOUR 24 haurs after death. 1969 (Type or print) Ella Helmlinge Hanua Hyth 300oy Frances S. DATE OF BIRTH Aug. 8,1873 3. SEX Female 4. RACE 6. AGE (In years White 9151 birthday) HOLES 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign B. MARRIED [ ] NEVER MARRIED [ (country) Germany WIDOWED TO U.S.A. DIVORCED [ Montgomery 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired.) 909201ddBarley Drive INDUSTRY Bethesda burial, cremation, ar remaval, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER remave car requires that the death certificate be executed 13b. COUNTY Montgomery Bethesda YES X 9201 Burley Drive NO [ S MOTHER'S MAIDEN NAME FIRST Middle and 14 FATHER'S NAME Middle Von Uxkull Nippert Ida Louis 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 6018 Tittlen Lane Rockville, Md YN Ao, ar unknown) Elisabeth H. Smith IB. CAUSE OF DEATH (Enter only one couse per line far (a) (b) and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: permit. CIEREBRAL WASCULAR ACCIDENT IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ARTER 10 SCLEROSIS Conditions, if ony, which gave ) signed by the burial-transit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse 10 PARTERIOSCLEROTIC HEART PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) IO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar to I OR ATTENDING PHYSICIAN: The low 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? YES [ NO [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d, INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while at work 220. I certify that (I) (this hospital) attended the deceosed from 7 Am , 1949, ta 3 Am , 1969, that (I) (we) last saw the deceased alive on 7 Am 2 and thot in (my) (our) opinion death occurred an the date and haur and from the , 1949, to JAN causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS DEGREE PHYS 22e, ADDRESS 22d. PHYSICIAN S NAME (Type) EZIY WISCONSIN AVE BS T7+610A 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Cremation Cedar Hill Crematory Suitland Md. DIRECTOR Wheeler Funeral Home 1331 Rockville 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Munitar Rockville, Md.

MAKYLAND STATE DEPARTMENT OF REALTH



	MAKILAND STATE DEPARTMENT OF HEALTH
man and	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
	DEFECTO NAME TO THE MARKET TO THE MARKET THE PARTY TO THE PARTY TH
# 5 # 5	(Tomas and )   20 1100K
r deat uneral 1 and 1r deat	ACUTO E MENDIOCA ( A) E/VIPA
fer	S DATE DE BIRTH  6 AGE (In years if under 1 year if under 24 Mrs.  9 DATE DE BIRTH  6 AGE (In years if under 1 year if under 24 Mrs.  10 DATE DE BIRTH  10 DATE DATE DE BIRTH  10 DATE DATE DATE DE BIRTH  10 DATE DATE DATE DATE DATE DATE DATE DATE
ours after death.  by the funeral Pages 1 and 2 aurs after death.	Semace White 5-3-90 psyliphoday) yrs would be and the semantic with the semantic sem
A PA BUTTON	70 BIRTHPOOCE (State or foreign of 76 CITIZEN OF WHAT COUNTRY? B MARRIED TO MENTE MARRIED TO STATE OF THE PROPERTY OF THE PROP
requires that the death certificate be executed within 24 hours after death g physician.  I signed by the attending physician and confetely filled. In by the funeral bound-fransit permit. Then please remade capady profess. Pages 1 and 2 burial, crematian, ar removal, and in any execut.	COUNTRY Chara Canada WIDOWED D VORCED   MATTER METAL MA
Z (EVA)	
	TI NAME OF HOSPITALOR, INSTITUTION (If not in hospital lize usual, OCCUPATION (Kind of working, 15, even y felired) INDUSTRY
d with	LACITION COLL XILLOUNCE COLL FRINGE INSEE
B 2 5 5	136 SSAL RESIDENCE (Where deceased lived, if institution Residence before 136, DTY OR TOWN 13d INSIDECT LIMITS) 13e STREET AND NUMBER
D 3 3 / 5	Sal Jac. 138 COMMITTENT. TEDE CHESCIA, YES NO SON SON MOREON CHARGE
	14 FATHER'S NAME First Middle / Lost / IS MOTHER'S MAIDEN NAME First Middle Jost
ag To Liu '	WRIGHT (1NKXISIA)
e death certificate b attending physicion permit. Then please an, ar removal, and i	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  Vas. no. of colonomy (If yes one war or ideles of service)  (If yes one war or ideles of service)
fica yssc al, c	Yes, no, or unimpown) (If yes give war or idoles of service)
e e e e e e e e e e e e e e e e e e e	NOT THE BUT HOENDEN TEHR DETHENS IN
em True	THE CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))  PART I. DEATH WAS CAUSED BY.  AFFORMATE MILEVAL BETWEEN ORIGINAL DEATH  PART I. DEATH WAS CAUSED BY.
ne death arrendii permit. ian, ar re	IMMEDIATE (AJSE (O) Tulmonary embolization 2 days
affe datte	DUE TO, OR AS A CONSPONENCE OF
the the nation	Conditions, if only, which gave)
r. Y t	rise to immediate couse (a),
S the Scientific of the Scient	storing the inderlying course DUE TO, OR AS A CONSEQUENCE OF I Survey of the installation
bing PHYSICIAN: The law requires that the death certificate be by the haspital ar attending physician. Ifter this certificate has been signed by the attending physician ar be detached far use as the burial-transit permit. Then please rotate Dept. at Health prior to burial, crematian, ar removal, and in	
si si pa	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ing ing rthe	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
The law attendin has bee se as the prior t	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206, AUTOPSY?  YES NO CAUSES OF DEATH?  210 ACCIDENT WAS UNDERLYING 216 TIME OF INHIRY.  221 HOW INHIRY OCCUPRED (FOR 10 to 10 for 10 f
基	YES NO CAUSES OF DEATH?
YSICIAN: The law raspital ar attending tertificate has been hed far use as the bt. af Health prior to	
<b>점</b> 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor G (If e.ther, notify medical examiner)  P.M. 19
PHYSICIAN: e haspital ar his certificate stached far te	OR CONTRIBUT NG CAUSE OF DEATH  OF THE CAUSE OF THE CAUSE OF DEATH  OF THE CAUSE OF DEATH  OF THE CAUSE OF THE CAUSE OF DEATH  OF THE CAUSE OF THE CA
PH)	2 21d INJURY OCCURRED While Not while at work 2 work 2 work 2 work 2 work 3 wor
	at work of work
be Sta	22a. I certify that (i) (this haspital) attended the deceased from
ed in the property of the prop	saw the deceased drive an
ATTENDING etained by th CTOR: After t should be d	
Mai S S S S S S S S S S S S S S S S S S S	ATTENDING FOR MED STAFF THE STAFF TH
OR be re be re ge 3 ge 3 led w	PINIS CONTROL PI
AL AL Poor	22d PHYSICIAN'S FARUK OZER 22e ADDRESS 11125 ROCKVILLE PIKE
SP 4 m	Rockville Md.
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior to	230 B. RIAL REMAIDS: 23b DATE 1-29-69 Anglican Church Cem. Jordan Untario (County) Anglican Church Cem.
TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 shauld be detac shauld be filed with the State Dep	
	24 FUNERAL DIRECTOR RODERT A. PUMPHY BYRESS 250 REC'D BY REGISTRAR 250 REGISTRAR S SIGNATURE
VR A15 /4 45M - 1 69	7557-Wisconsin Ave., Bethesda, Md. DATE JAN 29 1969 Charles Judge







-			,	MURION OF M		D STATE				6	1111	ລ
		0111,	,	DIVIDION OF VI			RESTON STREET, BA		MAKTLAND 21	201	111.	U
		CEASED-NAME ype or print)	First		Middle		Lost	2a. DA1	TE OF DEATH		и с	2b HOJR
l			verı	ecia	Vontrice	: <u>1</u>	IILLSMAN	J		-	Year 69	230A
	3 SE	emale		4. RACE Negro			Jul. 3, 1	968	6 AGE (in year last birthday	ors IF MO		HOURS MIN
	7a. cour	IRTHPLACE (Stote or forestry)Florida	gn 7	USA	COUNTRY?		NEVER MARRIED	9. COUNT	y of DEATH	165 1		
	10 (	ITY OR TOWN OF DEATH		11 NAME	OF HOSPITA, OR INS	WIDOWED [	it in hospital 12a	USUAL OCCUPA	TION (Kind of work	dane	2b KIND OF B	LSINESS OR
		thesda	1 1	Na	val Hospi	tal	Born		king life, even 'f re		INDUSTRY	
	admi	USUAL RESIDENCE (Where ssian) STATE <b>Flor</b> :	ida ida	13V COUNTOUV			nville YES	NO (	e. STREET AND NUM 5805 Home	er Rd.	, East	
ĺ	14 (	ATHER'S NAME First		Middle	Last		MOTHER'S MA DEN NAM		M	ddie		Lost
		Edd1e			HILLSMAN		Eth		M		ADAMS	
ı	160 Y	WAS DECEASED EVER IN U	LS ARMED yes givii war o	FORCES? 16 or dates of service)	b. SOCIAL SECURITY N		FORMANT Ja	cksonv:	ille, Fla	less .		
F							SGT Eddie	HILLISM	AN, USAF,	6805		
ı		18. CAUSE OF DEATH (E) PART I DEATH WAS	CALIFFE D. T.	N. C.							BETWEEN ONS	TE INTERVAL ET AND DEATH
		T T	MMEDIATE	CAUSE (a)		stor	age disease	<u> </u>				
		Canditions, if any, which	flave)	DUE TO, OR AS A	CONSEQUENCE OF							
		rise to immediate caus	e (a).	(b)	CONCCOURTE AT				<del></del>			
		stating the underlying last	couse		CONSEQUENCE OF							
		PART 2 OTHER SIGNIFICA	INT CONDI	(c) TIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE	OR CONDITION	GIVEN IN PART 1(a)			
ı	×								orren m ranc (o)			
ı	CERTIFICATION	19a. DAFE OF OPERATION	19b. CO	NOTION FOR WHICH	OPERATION WAS PER	FORMED	20o. AUTOPSY?		b IF YES, WERE FINE	DINGS CONSI	DERED IN CER	TIFYING
ı	MEI (						YES 🔔 NO		NUSES OF DEATH?	Yes		
I		210. ACCIDENT WAS UND □ OR CONTRIBUTING □ CAJSE	ERLYING	216 TIME OF IN. HOUR A.M. A		21c HO	W INJURY OCCURRED (	Enter nature of	injury in Port 1 or	Port 2, Item	18 }	
ı	MEDICAL	(If either, natify medical	examiner)	P.M.	Manth Day Year							
		21d. INJURY OCCURRED While Not while at wark	21e PL	ACE OF INJURY ( AT	HOME, FARM, STREET, FACT ICE BUILDING, ETC	ORY.) 21f LO	ATION Street or R.F.D.	No.	City or Town	C	ounty	State
ж.		22a. I certify that saw the decease	1) (this	hospital) ottend	ed the decease	d from Ja	nuary 9 , 1	9 <u>.69</u> , to	Jan. 13	_, 19_6	9_, that (	k (we) las
1			sed aliva	e on <b>Jan</b>	13	69, ond	that in (my) (our)	opinion deo	th occurred on t	the dote	and hour or	nd fram th
		saw the deceas	shove of	1) (wa) (did) (di		IIIOV HILBE O	RUIII					
		saw the decease causes stated a	bove	(we) (did) (sti	CROU VIEW THE D	ody dilor o	-			22c DATE	SIGNED	
		causes stated o	l evode	(we) (did) (stis			ATTENDING	MED. DIRECTOR	STAFF PHYS	22c. DATE Jan	SIGNED . 13,	1969
		causes stated o	ole y	(we) (did) (ster	00 M-6	) . DEGRE	E PHYS 22e ADDRESS	MED. DIRECTOR		Jan	. 13,	1969
		22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)	Joh	n R. How	e, M. D.	) , DEGRE	E PHYS 22e ADDRESS Naval He	ospital	L, Bethese	Jan da, Mo	. 13, :	
		22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)  BURIAL CREMATION.	Joh 23b DAT	m R. Howe	M. D.  23c NAME OF C	DEGRE	E PHYS 22e ADDRESS Naval He	ospita]	L, Betheso	Jan	. 13, :	(State)
	23a	22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)  BURIAL, CREMATION, TOWNSMAN (Syparfy)	Joh 23b DAT 1-1	n R. How	M. D.  23c NAME OF C.  Mount	DEGRE	E ATTENDING PHYS 22e ADDRESS Naval He	ospita]	AT ON (City or Town	Jan	. 13, :	



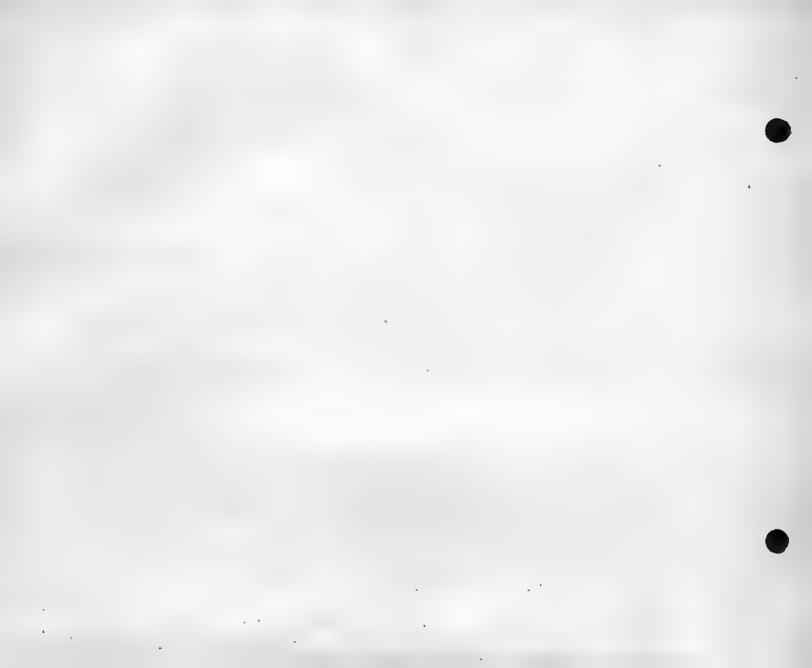
		MARYLAND STATE DEPARTMENT OF HEALTH	
		O 1 1 1 0 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1114
		CERTIFICATE OF DEATH	LAIN
± −2±	1 DE	DECEASED NAME First Middle Last 20 DATE OF DEATH  (Type or print)	2b. HOUR
death. heral and 2 death.	,,	A GE THIRDHAUPP 3AN Y	6 ger GerAM
ther far	3 SE		FUNDER 1 YEAR IF UNDER 24 HRS ONTHS GAYS HOURS MAN
Page urs af		EMBIE COUCASTON SEPT. 15,1893 75 VRS	
hour in by	70. { cour	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED WEVER MARRIED 9 COUNTY OF DEATH	
ed irr	L	POLAND U.S.A. WIDOWED & DIVORCED   MONTGOM	ECY Md
thin 24 filled in pape		CITY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life, even if refired.)	126 KIND OF BUSINESS OR INDUSTRY
wit rbar		BETHESDA aue street address) SUBURBAN HOSpital during mast af warking life, even if retired.) HOUSE WIFE	
e executed within 24 hours offer, and completely filled in by the fur remove carban papers. Pages of any event, within 72 hours after	admi	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d MISICE CITY LAMISS? 13e STREET AND NUMBER nission) STATE Md. 13b. COUNTY Montgomery Bethesda YES NO 6236 Clearwo	od Rd.
exe and ca	14. f	FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle	Lest
be din		Maurice Tamenbaum REBECCA ROSENZUEIG	
ne death certificate be ex attending physician and permit. Yean please rem ian, ar removal, and in an	16a.	1. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b SOCIAL SECURITY NO  17 INFORMANT  Mess. Estelle Palman -6736 Cleanu	1 PI Rithish
		Mes & stelle Palman -6236 Clearu	
9 27 8		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
endi mit. arr		PART I. DEATH WAS CAUSED BY LET ASDAML TNAMABOSIS	INDEDINE
ne d		DUE TO, OR AS A CONSEQUENCE OF	IYEMR
t the sit the mail		Conditions, if any, which gove (b) Certal ANTENIOSCIEN VS 13	
tha tan. d by tran		stoting the underlying couse out to stoting the underlying the underlying couse out to stoting the underlying the underlying couse out to stoting the underlying the underl	
equires 1 physicia signed k burial-tr burial, ci		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	-
req g p p n si e bu		D. A.C.T.	
law ndin bee s th	TION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS COI	ISIDERED IN CERTIFYING
The atternation has here	CERTIFICATION	YES NO W CAUSES OF DEATH?	
N: T or or a russ			m 18.)
CIA Dittal Dittal diffe of H	DICAL	[(It either, notify medical examiner)   r.m.  9	
Page 4 may be retained by the haspital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Year please remove carban papers. I shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remover and in any event, within 72 hours.	MEDI	21d INJURY OCCURRED While at work at work at work 21d INJURY (AT HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. No. City or Town	County State
NG y th er t e de ate		22a. I certify that (1) (this hasnital) attended the deceased fram RCA, 19.57, 10. 1-7. 19.67	9 , that (I) (we) last
Affi d b d b e Si		22a. I certify that (I) (this haspital) attended the deceased fram 19.45, and that in (my) (aur) apinian death accurred an the date	and havr and fram the
TOR Gine		causes stated abave, (1) (we) (did) (did nat) view the bady after death.	TE SIGNED
REC 3 sl		226 SIGNATURE LZ S. Blum 280 NOV DEGREE PHYS DIRECTOR DIRECTOR PHYS. D	1-4 69
V by by doge filed			* /
PIT/ md ERAI		22d. PHYSICIAN'S NAME (Type) Lester S. Blumenthal, M.D. 5315 Connecticut Ave., N.	W.
HOS Be 4 UNI ecto	23 a.	1. BURIAL, CREMATION, 23b_DATE 23c_NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
<b>5</b>		BURING JAN. 5,1969 KING DAVID MEMORIAL GORDEN FALLS CHE	RCH, Va.
VR A 3 5 (4)	24	FUNERAL DIRECTOR  ADDRESS  ADD	GNATURE SALES



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31113 CERTIFICATE OF DEATH and 2 death. 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if postitution. Residence before admission) illed in by the funeral 1 PLACE OF DEATH p. COUNTY & COUNTY MARYLAND CLENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, CCITY OR TOWN outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town KIENSING ION d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS 4 NO I OME NAME OF DECEASED (Type or print) First Middle Lost Year HOBBS OF DEATH В. PAULINE S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 7 MARRIED lost birthday) Months Dovs Hours attending physician and ca sermit Then please remay requires that the death certificate be exec dny DIVORCED WIDOWED 12 CITIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME SECURITY NO ICENSINGTON MA (Yes, no or unknown) (If yes give wor or dates of service) 50 as the burial-transit perr priar ta burial, crematian, INTERVAL BÉTWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (o), signed by the burial-transit p PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 6 MOS Conditions, if ony, which gove rise to immediate cause (a). DUE TO storing the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION for use of Health NO YES 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) **Not While** of work of work 1968 to 1/27 19<u>67</u>, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram\_\_\_\_ director, page 3 shauld shauld be filed with the 1969, and that death accurred at 1144 M, fram causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED X DIRECTOR M.D. PHYS 22d. ADDRESS 22c PHYSICIAN S HemA NAME (Type) 12 AWRENCE 23d. LOCATION (City or Town) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION (County) REMOVAL (Specify) ROCK CREEK 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FINERAL DIRECTOR Williamson Undar VR A15 (4) 20 M 1/66



_	1		ND STATE DEPARTMENT OF HEALTH	
b			, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21:	201
""		- 3L X X X	CERTIFICATE OF DEATH	01116
= -2=		ECEASED NAME First Middle	Last 20. DATE OF DEATH	Doy Year 26 HOUR
a se	1	Type ar print) SANDED L	Hobbs Annih	Doy 1869 7 4N
ia 12/12	3. \$		S. DATE OF BIRTH  6. AGE (In yellast briting)	
t ( 55)	1	Emale white	last birthday	YRS MONTHS DAYS HOURS MIN
y y y	70	B RTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?	8. MAPPIED NEVED MADDICENTS 9. COUNTY OF DEATH	110
in in 22 pt. 22	994		HETER MARKIEP	
hin 24 filled th.n 77	10 5		WIDOWED DIVORCED POSTGENER  NSTITUTION (If not in hospital 12a LSUAL OCCUPATION (Kind of wark	
Juthin 24 hours after death ely filled in by me Joharal ban papers. Care foot within 72 hours bar death	10	etherda give street address)	during most of work og ite, even it re	tred   INDUSTRY
/ the bear	13a	USUAL RESIDENCE (Where deceased lived, if institution Residence before	13c TY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUM	BER
executed until	121	JARyland Wantennery	CLARKSWILE YES NO LASIS	Thor Road
and compression only even	14 1	ATHER'S NAME First Middle Sast	15 MOTHER'S MAIDEN NAME First Mil	date Last
ate be exection and to ease remain and in any		Wilson L Hobb	s Poine	Railen
requires that the death certificate be example to a physician. It is signed by the attending physician and burial-transit permit. Then please remain burial, arematian, or remayal, and in an		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown)   (If yes give war or dates of service)   16b. SOCIAL SECURITY	NO 17. INFORMANT Halls Sho made	itsead, Clariou Me.
that the death certifica an. by the attending physi transit permit Then pl crematian, or remaval,		18 CALISE OF DEATH (Enter on vione course per line for Int. In), and Ir		APPROX MATE NTERVAL
guires that the death ce physician. signed by the attending burial-transit permit Th burial, crematian, or rem		18. CAUSE OF DEATH (Enter on y one cause per line for (d), (b), and (c) PART 1. DEATH WAS CAUSED BY:	"1 x1 c. failles	BETWEEN OWSET AND DEATH
der rmi		, IMMEDIATE CAUSE (G)	10110	6 net
the d		Canditians, if any, which gave	less L'au Des Med a. a.	7. 1
the state of the s		rise ta immediate cause (o) (b)	The House Court of	nen
equires tha physician. signed by burial-tran		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	U	
equires physici signed burial- burial,		- (/	AT MY ATTO TO THE TOTAL OF THE	
requestion of the property of		FAKT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
e law r tending 25 been as the priarta	TION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PI	ERFORMED 20g. AUTOPSY? 20b. IF YES. WERE FINI	DINGS CONSIDERED IN CERTIFYING
	CERTIFICATION	The state of the s	YES IZ NO CAUSES OF DEATH?	DINOS CONSIDERED HI CERTIFINO
AN: The of ar at it is at a to	GRT	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar	Part 2 Ham 193
Transport of the state of the s		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year		ruit 2, itelii 10.)
rsical representation of the control	MEDICAL		KCORY   21f, LOCATION Street of R.F.D. Na. City or Town	Carata
NG PHYSIC by the hospi for this certi e detrached fate Dept af			(CTORY) 21f. LOCATION Street or R.F.D. Na. City ar Town	County State
D = T = D = T		at work ot work   220. I certify that (I) (this hospital) attended the deceas	sed from: NOO , 1968 , ta	10 5 7 11 1 115 / 11
DIN J by Affer J be		saw the deceased alive an	19 and that in (my) (our) apinion deoth occurred on	, 19, that (I) (we) last
ATTENI stained CTOR: A should th the		causes-stated obave, (I) (we) (did) (did nat) view the	bady after death.	the date and noor and ham the
A S D S S		22b SIGNATURE	ATTENDING A - MARK	22c DATE SIGNED
OR DIRE		Juy R shan	DEGREE PHYS MED. STAFF DIRECTOR PHYS.	169
IAL CAL		22d. PHYSICIANS NAME (Type) October Shaping M.D.	22e. ADDRESS	0 1 1 11
O HOSPITAL ON Page 4 may be 5 FUNERAL DISCRETOR, page director, page 5 should be filed		NAME (Type) nay ?. Shap no, M.D.	87/8 his rasi Anenie,	Bethesda, Md.
FUS Part Part Part Part Part Part Part Part	23 a		CEMETERY OR CREMATORY 23d LOCATION (City or Town	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	? .	REMOVAL (Specify) 1-14-1969 Mt. 72	on Cenetery Highland,	Maryland
VR AIL JO	240	FUNERA DIRECTORY . Glen Carter. ADDRESS	Sil. Spr., Md 250 RESD BY REGISTRAR 25b. REGI	STRAR S SIGNATURE
45M 69%	"a.	mer E. Pumphrey, 200, 8:43:1 Geo.	rain We use DATE 20 1969 per	conces judge
	_			

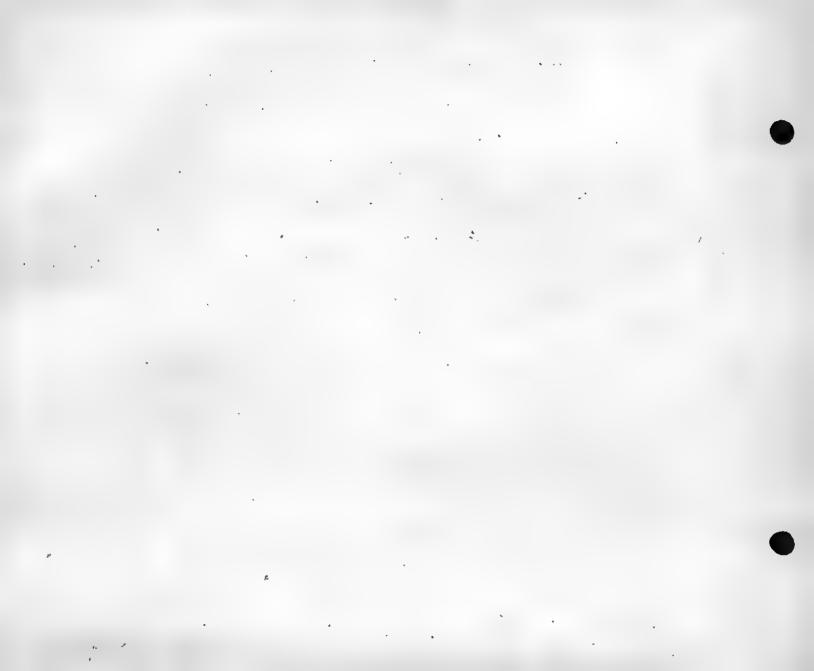


_ 1			ND STATE DEPARTMENT OF H		
	21121	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	044419
	. 1		CERTIFICATE OF DEATH		.1117
# = ## # = ##	DECEASED NAME (Type or print)	First Middle	Last	2a. DATE OF DEATH Month Do	2b HOURA
er death. I uneral I and 2	_D	ora None	Hofberg	January 30°	1969 6:30 M
after death the funeral ges, 1 and 3 after death	. SEX	4. RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
's after 1-by the fui 5. Pages, 1 hours after	Female	White	490	last birthday) YRS.	MONTHS DATS POOKS MIN
A A A	o BIRTHPLACE (State or fore	7b. CITIZEN OF WHAT COUNTRY?	B MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
2 in 8 in Person	Rumania	Rumania	WIDOWED DIVORCED	Montgomery	Md
	O CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II	NSTITUTION (if nat in haspital 12a USUA	L OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
F G S S S S S S S S S S S S S S S S S S	Takoma Par	k Washington S	Sanitarium daning m	nst of working life, even if retired)	INDUSTRY
ompany of contract	3a USUAL RESIDENCE (When	e deceased yed, if institution, Residence before 13b. COUNTY	13c, CITY OR TOWN 13d INSIDE CITY LE	MITS? 13e. STREET AND NUMBER	
camp camp	dmission) STATE ashington	D.C. IBE COUNTY	YES NO	□ 815 Junipe	r Street
ond com remove in any ev	4. FATHER'S NAME FIRST	Middle Lost	TS MOTHER'S MAIDEN NAME F	rst Middle	Last
be e n and n and se rerected in a	?	Margoli	Ls	? ?	?
sicia sicia sleas an	16g WAS DECEASED EVER IN	U.S. ARMED FORCES? 166. SOCIAL SECURITY	( NO 17 INFORMANT	Ad dress	
ertificate be physician c nen please iaval, and ir	Yes, no, or unknown)	Unknown	Patient's o	hart	
The faw requires that the death certificate be executer attending physician. has been signed by the attending physician and camps as as the burial-transit permit. Then please remave comby prior to burial, cremation, ar remaval, and in any events.	18 CAUSE OF DEATH	(Enter anly ane cause per ne for (a), (b), and (c	9)	. ) /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death ce attending permit. Th	PART I DEATH WA	MMMEDIATE CAUSE (a)	. my o cardeal	Infunction	1 Kluy
affe d	4100	DUE TO, OR AS A CONSEQUENCE O	F	1 0 .	maur
the nati	Conditions, if any, which	(b) 727 122 122 122 122 122 122 122 122 122		Eroll (Jule Vas	us medos
is that the citian. Itian. I by the citiansit cremat	stating the underlying		Elicen 1		7
quires tha physician. signed by burial-tran	last.	(c)			
The faw requires the attending physician, has been signed by se as the burial-tra h prior to burial, cre	PART 2. OTHER SIGNIFIC	CANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(0)	
w w y ding seen the tro	8				
The law reathending attending has been se as the h priar to l	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS F		20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
IAN: The rail or afficate ha for use Health g	<b>5</b>	INTER VINC	YES NO		11 101
al o icata for Hec			IT ZIC. HOW INJURY OCCURRED (ENTER	nature of injury in Part 1 or Port 2,	Item (B.)
SICI split ed ed ed af	(If either, natify medica	al examiner) P.M.	19		
rending PHYSICIAN: ned by the hospital or NR: After this certificate build be detached far u the State Dept. af Heali	While T Nat while	210. PLACE OF INJURY ( AT HOME, EARM, STREET, E OFFICE BUILDING, ETC.	ACTURE. 211. LOCATION Street of R.F.D. No.	City or Town	County State
r the dead dead te D	at work at work	/D /At : 1 2 - 0 2 - 1 2 - 1 - 2 - 1	sed from 1000 19.5	1 to 1/20 19	C that III I was I was
DIN By After Stores	saw the dece	(I) (this haspital) attended the decea ased alive an	19 4 Send that in (my) (aur) and		te and have and from the
OR ATTENI be retained DIRECTOR: A se 3 should ed with the	causes stated	abave, (I) (wé) (did) (did not) view the	e bady áfter death.		
A B D S d	225 SIGNATURE		ATTENDING N	IED STAFF	DATE/SIGNED
OR be DIRI	Lugan	unc Lagoyon D.	) - / ) DEGREE PHYS LEF D	RECTOR PHYS 1	130/69
TAL MAL I	22d PHYSK ANS	NJAMIN ISAACSON, M.D.	22e ADDRESS		11/11/20
Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. af Health				LASKA AVERU	PRISH. D.C
HO Signe Fur Irrect hou	23a. BURIAL, CREMATION, REMOVAL (Specify)		F CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
5 5 5 € 2	REMOVAL (Specify)	1-31-69 Ohev S	holom-Talmid Torah	tem Wash. D.C	
OM REV 1188	24 FUNERAL DIRECTOR Goldberg Fr	uneral Home - 4217 9tl		4 1969 KEGISTRAK	SIGNATURE
JUM KEY 1806 N	GOTGDETE L	MIGHAL HOMA - 421/ Atl	TI SCLERC M.W. DATE.		



		1 1 2 2 Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201	110
•	I	Iteml3 FilmS408 1/23/69 kk CERTIFICATE OF DEATH	110
4 -74		DECEASED-NAME First Middle Last 2a, DATE OF DEATH	26 HOUR
death.	(	(Type or print) MAY DARNELL HOLLINSHEAD JAWARY 10	MOE 9 6.30 W
	3. S	SEX 4. RACE S. DATE OF BIRTH 6. AGE (I'm years F JNDER	
<u> </u>		F. WHITE 31 AUF 1874 OST BANKS MONTHS	DAYS HOURS MIN
		D. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
in 24 ho	(qu	N.J. U.S.A. WIDOWED DIVORCED MONT.	Md.
within 24 hours ely filled in boy ban papers Pp within 72 hous	1D. (		CIND OF BUSINESS OR
the see with 1	L	KENSIALETON 10231 CARROLLA. HOUSEWIFE	SIKT
To be	13a	Id USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CHY OR TOWN	Quespec
xecute no ever	duin	IMISSION STATE MO. D.C. 186 COUNTY MOINT! KENSINGTION YES NO VORSI GARROLL	117.41 N
	14.	4 FATHER'S NAME First Middle Last VS. MOTHER'S MAIDEN NAME First Middle	Last
Se z		HARON DARNELL SUSAN SHARP	
requires that the death certificate be sphysician. signed by the attending physician a burial-transit permit. Then please raburial, crematian, ar remaval, and in	160	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service)  16b. SOCIAL SECURITY NO. 17 INFORMANT  Address 3546	O WINDLOATE
he death certifu e attending phys permit. Then p		NO DON- LARL DITCLUNSHEHO BETH	
e E E	ı	I B. LAUSE OF DEATH ITEMS ONLY ONE COUSE HER LINE FOR IN 101 IN 100 IV	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
eatl mit. ar r	ı	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE	_
ath per jan,	ı	4/2 DUE TO, OR AS A CONSEQUENCE OF	
the the mati	ı	rise to immediate cause (a)	grande.
the day of the created and the		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
quires the physician. signed by buríal-trar burial, cre		lost. (c) GENERALIZED ARTERIOSCLEROSIS	
equ phr sign bur bur	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ding ding een the rr to	8	SENILITY	
The law re attending has been se as the h priar ta	3	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERE	D IN CERTIFYING
두 등 등 왕들 소	CERTIFICATION	YES NO PAGE OF INJURY NO PAGE OF INJURY 1216. HOW INJURY OCCURRED (Enter notive of injury in Part 1 or Port 2, Item 18.)	
d o o o	3	₹ ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Day Year	
Spit Spit Spit Spit Spit Spit Spit Spit	MFD (	□ (If either, notify medical examiner)   P.M.   19	Shub-
5 PHYSIC the hospil this certi detached e Dept. al		While Not while (office Bull, Dink), FTC.	y State
t the first the		at work at work	that /I\ /wa\ last
Affe by Steel		22a. I certify that (I) (this-hospital) attended the deceased fram MAY 7, 1966, to MAY. 10, 1969, saw the deceased alive and AN. 10, 1969, and that in (my) (our) apinian death accurred an the date and	haur and from the
the delayer		causes stated abave, (1) (we) (did) (did-not) view the bady after death.	
A SPECIAL SECTION OF SPECIAL SEC		22b. SIGNATURE 22c. DATE SIGN	
OR be 3e 3		Milleranny Res Donath MO DEGREE PHYS DIRECTOR LI PHYS. LI 1-10	7-69
TAI AI Pag Pag	Ш	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 5206 NORUHY OR.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exectly any be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confirector, page 3 shauld be detached far use as the burial-transit permit. Then please remainshauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any	-	CTE 9 CHASC + MAS	
HC age	230.	30. BURIAL CREMATON 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count	ty) (State)
5 5 5 %	04	TOTAL MEDITION SUPERING SUPERING	70
VR A15 (1)	14	4 thread director 250. Registrar 25b. Registrar 25b. Registrar 35b. Registrar 35b	Judge

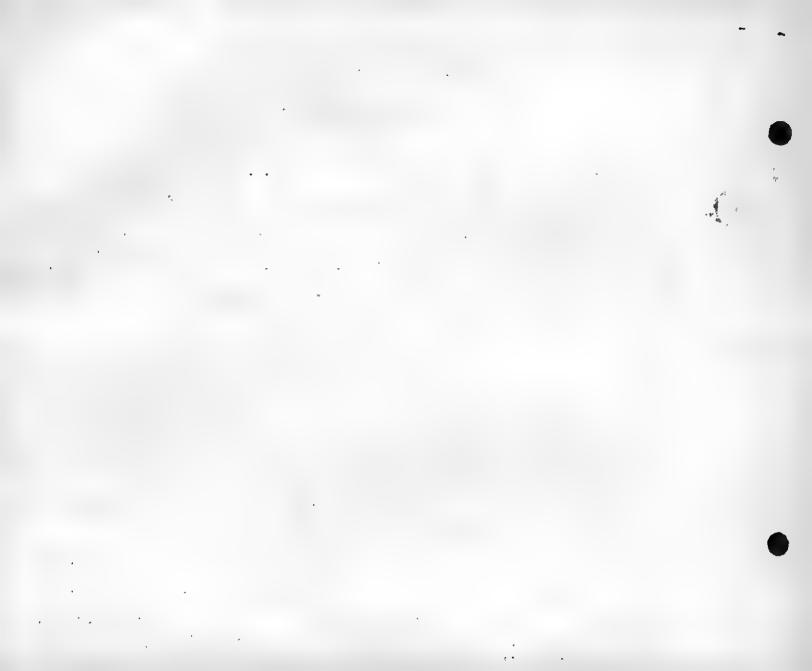
MARYLAND STATE DEPARTMENT OF HEALTH



,	1		MAKTLAI	AN STATE DELAKTMENT OF	LICALIU	
· A 23		21125	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	2220
6-1		FTTVO		CERTIFICATE OF DEATH		-1119
ے ہا ہے	1. D	ECEASED-NAME First	Middle	Lost	2g. DATE OF DEATH	2b. HOUR
and land	(	(ype or print)				oy Yeor
er deat fûneral 1 ond er deat	2.5	Howar			1-29-69	4:25 P
	3 5	:X	4. RACE	S DATE OF BIRTH	6 AGE (in years last birthday)	IF UNDER 1 YEAR F UNDER 24 MRS MONTHS GAYS MOURS MIN
by the pages	1	Male	White	8-19-33	35 YRS	
hours after death, in by the funeral sirs. Pages 1 and 2 hours after death.	70	BIRTHPLACE (State or foreign	76. CIT-ZEN OF WHAT COUNTRY?	B MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
within 24 hours after death.  ely fulled in by the fúneral born papers. Pages 1 and 2 within 72 hours after death.	COR	ntry) Maryland	LL.S.A.		Montgomery	Md.
- B B E	10	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II	NST-TUTION (If not in hospital   120 U	Montgomery SUAL OCCLPATION (Kind of work done	126 KIND OF BUSINESS OR
電影技術		01	give street oddress)	Idurina	most of working life, even if retired.) Cab driver	Cab Driver
	130	USING RES DENET (Where decen	sed lived, if institution: Residence Vefore	eneral Hospital	TY LIMITS? 13e, STREET AND NUMBER	
ured smpler eve car		ission) STATE	135. COUNTY		NO D	
ecuted complinate of	<u> </u>	Maryland		Ghithersburg		
e execut and com remove n any ev	14	FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAMI	E First Middle	last
		Fstel	1_Holston	Stella	Musser	
ertificate be physicion a nen pleose oval, ond in		WAS DECEASED EVER IN U.S. AR	MED FORCES? TIBB SOCIAL SECURITY	NO. 17 INFORMANT	Address	
d y y	1	03, 113, 01 011111 01111	war or dates of service)	M 12 - 3 D		
ph ph		Unknown		Hedical Reco	H-ds	APPROXIMATE INTERVAL
h c		DADY I DEATH WAS CALISE	nly one cause per line for (o), (b), and (o		- to 11	BETWEEN ONSET AND DEATH
eat md or r		PART I DEATH WAS CAUSE	ATE CAUSE (0) L'ANTRECE A	nd acute coxe	course nearly go	elkel /wk.
afte ern		4270	DUE TO, OR AS A CONSEQUENCE O	F		
ot the death cer the attending p nsst permit. The motion, or remo		Conditions, if any, which gave	) Cardinary		1) otis ?	3 420.
\$ . <del>‡</del> . <u>\$</u>		rise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE		y eno.	
quires that the physician. signed by the buriol-transit buriol, crema?		stoting the underlying couse lost.	Due 10, OK AS A CONSEQUENCE			
ysic hed riol			, (r)			
obia bis produced to the control of		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	OR CONDITION GIVEN IN PART 1(6)	
ng en to	z	Corelical my	aret due to embales	a (1-25-69), Oliesi	to, challelelle	2012
Para Serie	CERTIFICATION	19a DATE OF OPERAT ON 196	CONDITION FOR WHICH OPERATION WAS E	PERFORMED 200 AUTOPSY?		CONSIDERED IN CERTIFYING
otte or pre-	≧			YES NO	CAUSES OF DEATH?	25,
r c e + e e + e e + e e + e e + e e + e e + e	1 E	21a ACCIDENT WAS UNDERLYI	NG 216 TIME OF INJURY		nter nature af injury in Part 1 or Part 2	
AN Par Lea	3	OR CONTR BUTING CAUSE OF DEA			mer natore at injuly in Past t as grant 2	i, Heiti re.j
日間に関する	NED (	(If either, notify medical exam	iner) P.M.	19		
has has	3	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, F	ACTORY.) 21f LOCATION Street or R.F.D.	No. City of Tawn	County State
Phe he this this De		White Nat while at work				
NG Y TE		22g. I certify that (I) (th	us haspital) attended the decea	sed from, 19 19 6 2, and that in (my) (our) of the body after death	165, to 1-2-9,1	9 69 , that (1) (we) last
<b>교수 품으</b> 중		saw the deceased o	live on 1 - 2-9	1969, and that in (my) (eur)	opinion death occurred on the c	ate and hour and from the
The second secon	1	couses stated obov	e, (1) (we) (did) (did not) view the	body after death.	,	
▼		22b. SIGNATURE		1	/ 22	C DATE SIGNED
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		-4-12	in / Marine	DESPES PHYS	MED STAFF DIRECTOR DIRECTOR DIRECTOR	1-30-69
	1	22d, PHYSICIAN S	son jive o mus	22e. ADDRESS	DIRECTOR - FITTS	
MO WAL		NAME (Type)				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the haspital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the buriol-transplant of the filed with the State Dept. of Health prior to buriol, creating the prior of the pri		Frede		Sandy Spring Medi		Spring, Md.
Bed Feet	230	Annual to the		F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
00 0 D. A.		REMOVAL (Specify) Fe	b. 2, 1969 Layt	onsville Cemetery	Laytonsville, A	ont., Maryland
(5.1)	24.	FUNERAL DIRECTOR	ADDRES		D BY REGISTRAR 25b. REGISTRAR	S SIGNATIIPE
30M REV THE		Francia H. F	Parber Laytonsv		FEB 2 1969 WX	ine an lunger



1	-	d.		0112 :	DIVISION	OF VITAL RECORDS,	ID STATE DEPA 301 W. PRESTOL	KIMENI OF H N STREET. BALTI	ILALIH More. Marylai	ND 21201 /	1110	
-				It m#238. Film?	1.59 1/3	29/69 m	CERTIFICATE	OF DEATH		10 211201	120	
	+ 7C+		1 D	ECEASED NAME First		Middle	Las	t	20. DATE OF DEATH			2b HOUR
	# <b>1</b>		_ '	Type or print) Ro	y	J.	HONEYW	ELL	January M	anth Day	L6 Year 69	730PM
	至《北京		3 5	EX	4. RACE		S DATE	OF BIRTH	6 AG	E (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
	5 5 5 5		_	Male		asian	Jun	e 10, 188	6 8	birthday) YRS.	MONTHS DAYS	HOURS MIN
	haur in by rrs p	1	70. cas	BIRTHPLACE (State or fareign	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED   NEVE	R MARRIED	9. COUNTY OF DEATH			
	24 ed i oper oper n 72			New York	USA		MIDOMED X	DIVORCED	Montgom	ery		Md.
	and completely filled in by referred eath and completely filled in by referred in any event, within 72 hours of the death	×,3	10.	Bethesda	9	NAME OF HOSPITAL OR IN type street address) Naval Hospi	ST TUTION (If not in has) tal	pita 12a. USUA daring ma	L OCCUPATION (Kind life, ev Army Cha		125 KIND OF 8 INDUSTRY	USINESS OR
	ed plet		13a	USUAL RESIDENCE (Where deceosission) STATE	ed lived, if inst	itutian. Residence befare	13c C.TY OR TOWN	13d INS DE CITY LA	MITS? 13e. STREET AL	ND NUMBER		
	3 3	10	_	Maryland	13b. COUNT	Montgomery	Bethesd	A YES NO	4422 1	Rosedale	e Avenue	2
	and com		14	FATHER'S NAME First	Middle		- 1	R'S MAIDEN NAME FI	rst	Middle		Last
			L			n HONEYWELL		Sara			DGERS	
	icate sicie plea 1, ar		16a	WAS DECEASED EVER IN U.S. ARA (es, ng, ar unknawn) (it yes give in Yes	IED_FORCES? ar or dates of service)	16b. SOC AL SECUR TY	7/80		ington	Address ]		
	ertif phy ien ava		-				140.0	ulia H. W	right, 49	13 Flanc		
	e death certificate b attending physicial permit. Then please an, ar remaval, and is			18 CAUSE OF DEATH (Enter on PART 1, DEATH WAS CAUSED	ly ane cause pe						BETWEEN ON	ATE INTERVAL SET AND DEATH
	decretence tenc				iTE CAUSE (a) _		LMONARY EL	EMA SECON	DARY TO			
	the art per			Canditions, if any, which gave )	DUE TO, C	OR AS A CONSEQUENCE OF	15ma ADDI		man.			
	nsit			rise ta immediate cause (a),	(b)_		MYOCARDI	AL INFARC	TION			
	s the cian cian (ab)			stating the underlying cause last.		OR AS A CONSEQUENCE OF						
	uire hysi gne urial			PART 2. OTHER SIGNIFICANT CON	(c)_	IRRITING TO DEATH BUT NO	OF DEPARED TO THE TEE	DAMINAL DISEASE OF C	DAIDITION COVER IN DA	OT 17.5		
	red Ig m n si e bi		١	THE 2. OTHER SIGNIFICANT CON	DITIONS CONTR	DOTTION OF DEATH BOT W	OF RECATED TO THE TER	KMINAL DISEASE OR CE	DINDITION GIVEN IN PA	KI I(G)		
	low ndin bee s th ior t		CATION	19a. DATE OF OPERATION 19b	CONDITION FOR	WHICH OPERATION WAS PE	REORMED 20g.	AUTOPSY?	20h JE YES W	FRE FINDINGS (	NS-DERED IN CER	PTIEYING
	The after has has	1	E.F.C					ES X NO	CAUSES OF DE		MODERED III CEI	1311 11110
	or or are or us	- 1	CERT.F.	21a ACCIDENT WAS UNDERLYIN		OF INJURY			nature of injury in Po		tern 1B.)	
	ottol Hific d fo af H		MEDICAL	OR CONTRIBUTING CAUSE OF DEAT							,	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate PMge 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 shalled be detached for use as the bunal-transit permit. Then pleas shauld be filled with the State Dept. af Health prior to bunal, crematian, are remayal, and		WE	21d. N.JRY OCCURRED 21e While Nat while of wark at wark	PLACE OF INJUR	AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	TORY.) 211 LOCATION	Street or R.F.D. No.	City or Taw	'n	County	State
	ING by t ffer be c			22a. I certify that (I) (th	s hospital) c	attended the deceose	ed from NOV	. 5 , 19 0	O to Jan	16 , 19	59_, that	(1) (we) last
	END led S: A lid the S			saw the deceosed a couses stated above	ive on Ja	n 16	9.69 , and that i	n (2011) (our) opir	nion death occurre	ed on the do	te and hour o	nd from the
	L OR ATTEN / be retained / DIRECTOR: ) sgm 3 shamld filed with the			22b. SIGNATURE	M (we) (ui	n) (destable view life	body affer death.			22, [	ATE SIGNED	
	OR DE LE				6		DEGREE PH	TENDING ME	ED. STAFF	X 1	7 <b>Jan.</b> 1	1060
	AL DOY DOGG			22d. PHYSICIAN'S (1). Cu.	flece		* 11	ADDRESS	11113	_ <del></del>	, van	-505
	Finge 4 may To FUNERAL director, pages should be fi	1		NAME (Type) D. 7.	STIM,	LCDR NO USN		Naval H	ospital,	Bethesda	a, Md.	
	FUN Fundament		23a	BUR AL, CREMATION, 23b I			CEMETERY OR CREMATO		23d LOCATION (City		(County)	(State)
	5 g 5 g g			12111 121	qn.21,1		ton Nation		Arlingto	n Arli	ngton 1	Va -
	VR A15 45M 1/	{4}		FUNERAL DIRECTOR Rober	t A. Pu	mphrey fune	ral Home	250 REC D BY	Nº 243 196	9 REGISTARES	HOLYWOOD JA	ugar
	45M 1,	/ 69	7	557 Wisconsin .	Ave E	ethesda, Ma	ryland	DATE		- 17	17	



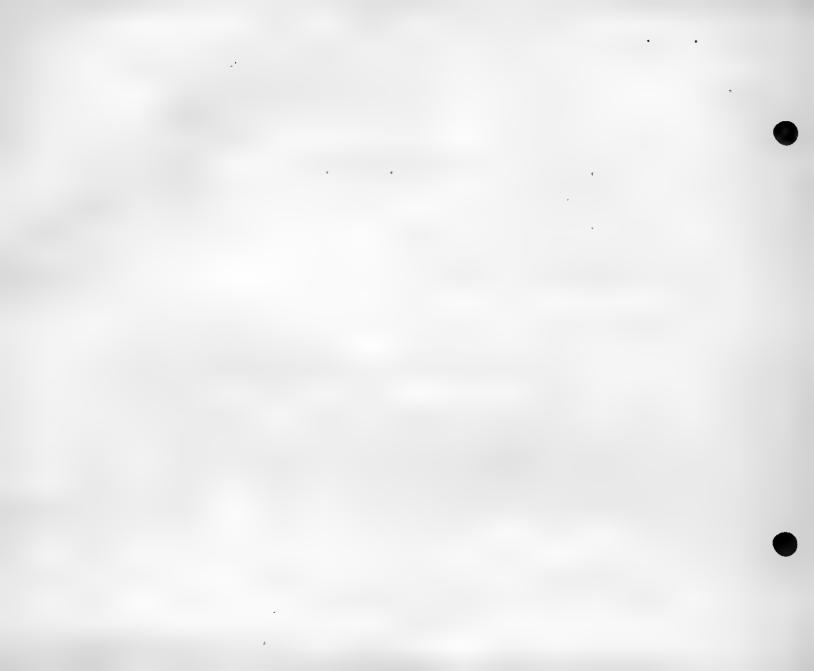
DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, BAITMONE, MARYLAND 21201  CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  TO DEA	CERTIFICATE OF DEATH  USD 20 DATE OF DEATH		MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH   20 DATE	CERTIFICATE OF DEATH   CONTINUE CONTINUE   CONTINUE CON		
Comparison of the Comparison	Common   C		CERTIFICATE OF DEATH
THE COLUMN OF DEATH  THE AME OF SHAPPING WEST SHAPPING WISHONDOWN (IN FIGURE 1)  THE AME OF SHAPPING WEST SHAPPING WISH SHAPPING	THE COUNT OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK	4 _ 74	
THE COLD BY CONTROL BURNING CONTROL OF STATE OF	THE COUNTY OF BANK SERVING (CHARLES INCOMED)  THE FAIRERS NAME for Models  Lest  THE FAIRERS NAME for MODELS AND THE FAIRERS (CHARLES INCOMED)  THE FAIRERS NAME for MODELS AND THE FAIRERS (CHARLES INCOMED)  THE FAIRERS NAME for MODELS (CHARLES INCOMED)  THE FAIR TO MODELS (CHARLES INCOMED)	seat eral and leat	(Type or print) flotober. S. HURBARD 1 Month 7 Doy (geor 11PM
THE COLD BY CONTROL BURNING CONTROL OF STATE OF	THE COUNTY OF BANK SERVING (CHARLES INCOMED)  THE FAIRERS NAME for Models  Lest  THE FAIRERS NAME for MODELS AND THE FAIRERS (CHARLES INCOMED)  THE FAIRERS NAME for MODELS AND THE FAIRERS (CHARLES INCOMED)  THE FAIRERS NAME for MODELS (CHARLES INCOMED)  THE FAIR TO MODELS (CHARLES INCOMED)	fun l	3. SEX
THE COLUMN OF DEATH  THE AME OF SHAPPING WEST SHAPPING WISHONDOWN (IN FIGURE 1)  THE AME OF SHAPPING WEST SHAPPING WISH SHAPPING	THE COUNT OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK  THE PROPOSED STATE IN THE PROPOSED STATE OF BANK	the the ages	MALE CAUC SEPT. 18, 1905 GR YRS. 3 POURS MIN
THE COLD BY CONTROL BURNING CONTROL OF STATE OF	THE COUNTY OF BANK SERVING (CHARLES INCOMED)  THE FAIRERS NAME for Models  Lest  THE FAIRERS NAME for MODELS AND THE FAIRERS (CHARLES INCOMED)  THE FAIRERS NAME for MODELS AND THE FAIRERS (CHARLES INCOMED)  THE FAIRERS NAME for MODELS (CHARLES INCOMED)  THE FAIR TO MODELS (CHARLES INCOMED)	by by	
THE COLD BY CONTROL BURNING CONTROL OF STATE OF	THE COUNTY OF BANK SERVING (CHARLES INCOMED)  THE FAIRERS NAME for Models  Lest  THE FAIRERS NAME for MODELS AND THE FAIRERS (CHARLES INCOMED)  THE FAIRERS NAME for MODELS AND THE FAIRERS (CHARLES INCOMED)  THE FAIRERS NAME for MODELS (CHARLES INCOMED)  THE FAIR TO MODELS (CHARLES INCOMED)	the second	
33. USLAN RESIDENCE (Where decessed lived, it instrictions Residence before 13 to 15	Sa. USAAR RESIDENCE (Where deceased loved, if installation for water of the distance before 1945). A CONSTRUCTION STATE OF PART 1 DEATH WAS COUNTY OF TOWN 194 SOOK OF THE WAS A CONSTRUCTION 194 SOOK OF THE WAS A CONSTRUCTION 195 SOOK OF THE WAS A CONSTRUCTION 1		10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done / 12b, KIND OF BUSINESS OR
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPILEDINESS MA 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	A SO W	BETHESDA STEP Rd. Lawyer U.S. Gov't
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPILEDINESS MA 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	ent, ent,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPILEDINESS MA 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	e s e	WILLIAM DE COUNTRON THON THE MERY TO ET HES DAYES IN NO 18210 - CUSTER IN
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPILEDINESS MA 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	exe only only	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPILEDINESS MA 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	be n gi	
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPILEDINESS MA 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	cate Sicia Dear	467 000 0000
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPILEDINESS MA 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	phy en g	VES THE SERIES CALLED
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPILEDINESS MA 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	ng line	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (i).)
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	eath endi	IMMEDIATE CAUSE (o) CARDINC PAILURE 10 DNYS
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	att perrian,	DUE TO, OR AS A CONSEQUENCE OF
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	the the mat	Conditions, if any, which gave (b) ARTERIOSCIEROTIL CORONARY DISSEASE > YES
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	the an.	stating the underlying couse. DUE TO, OR AS A CONSEQUENCE OF
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	ires ysici ned ial-l	- '0'
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	equ phy sign bur	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	w r Jing een the rr ta	O TO THE PARTY AND THE PARTY A
24 FUNERAL DIRECTOR RObert A. Pumphrentess Md 250. RECORDER REGISTRAR'S GIGHTURES	24 FUNERAL DIRECTOR ROBERT A. PUMPhrenesss 250. RICHEN RIGISTRARY 616 MURE 75.57 Wil sconsin Ave. Bethesda, Md.	e la tence la se base la se base la se base la se base la se la serial la se	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20G. AUTOPSY? 20G. AUTOPSY? 20G. AUTOPSY? 20G. AUTOPSY? 20G. AUTOPSY?
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	The rate of the sale of the sa	TES NO LA ACCIDENT MAS IMPERIANCE DATA THAT OF INVIDEN
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	AN: al a icoti far Hec	
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	STCI Spit spit entiffer ed	(If either, notify medical examiner) P.M. 19
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	PHY B ha has c nis c tach tach	
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	F F F F F F F F F F F F F F F F F F F	of work of work   1967 to 1/7 1969 that (1) (wa) last
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	Affre Store	saw the deceased glive an 1/7/ 1969, and that in (my) (our) opinion death accurred on the date and hour and from the
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	OR: aufo	couses stayed abave, (1) (we) (thid) (and not) view the body ofter death.
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	Merita Para Para Para Para Para Para Para Pa	ATTENDING CST. MED CT STAFF CT
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	OR be be DIR	CEGREE PHYS. DIRECTOR PHYS. 1/7/69
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	TAL Tray VAL Pac Pac Pac	NAME (Type) I ALARA S. L. K. A. A. A. A. S. L. K. A. A. S. L. K. A. A. A. A. S. L. K. A. A. A. S. L. K. A. A. A. S. L. K. A. A. A. S. L. K
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	OSP 1 4 1 Viden	
250. RECORN REGISTRARY SIGNAL DIRECTOR ROBERT A. PUMPHIPONESS M. 250. RECORD REGISTRARY SIGNAL DIRECTOR ROBERT A.	24 FUNERAL DIRECTOR RODert A. Pumphrensess 75.57 VI SCORE D. AVE. Bethesda. Md. 250. RICHEN RIGISTRARY 610 MULES	₹ g d d d d d d d d d d d d d d d d d d	
VEALANCE MADE OF THE CONTROL AND UNION AND AND AND AND AND AND AND AND AND AN		E E ///	24 FUNERAL DIRECTOR RODert A Primphreduces 1250, RECOLEY REGISTRARY CICHAURE
		30M REV. 158	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01120 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b HOUR within 24 hours after death Month 💐 Doy (Type or pnnt) GEORGE 3. SEX 4. RACE IF UNDER 1 YEAR AGE (In years last birthday) DAYS vorial-iransir permit. Then please remavel arbon papers. Page: burial, cremation, ar remaval, and in any event, within 72 hours at 6-23-70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED 🗌 plately filled in Montgomery Dakota U.S.A. WIDOWED [ DIVORCED [ 10. GITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR washington Sanitarium & Hosp INDUSTRY Jakoma Park 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before VI3c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIM TS? requires that the death certificate be executed odmission) STATE Md 13b. COUNTY Geo. V Hyattsville 15 13 706 Rittenhouse Street attending physician and consermit. Then please remaye 14 FATHER'S NAME First M'ddle Lost IS, MOTHER'S MAIDEN NAME First George Kuahes Sarah Upton 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Hyattsville. Md. Yes, ng, prunknown) Esther M. Hughes 706 Rittenhouse Street 18 CAUSE OF DEATH (Enter only one couse per une for (o), (b), and (c).) BETWEEN ONSEZ AND CEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Canditions, if ony, which gave rise ta immediate couse (o), signed by stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the haspital ar attending has been of Health priar ta 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES | NO R O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. directar, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased fromn 31, 1967, to 31, 1967, that (I) (we) lost, ond that in (my) (our) opinion death occurred on the date and haur and from the saw the deceosed alive an Jan 1964 couses stoted above, (1) (we) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR PHYS. 22d, PHYSICIAN 22a. ADDRESS NAME (Type) 2600 230. BJRIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) Gate of Heaven Cemetery Silvadores Sil. Spr. Md 250 RICD BY REGISTRAR
4 Georgia Avenue DATE B 7 1 Silver Spring Montgomery, Md. 2-4-1969 25b. REGISTRAR'S SIGNATURE Wilson an Judge 1969 Inc. 8434 Georgia Avenue Jumphreu



1	Items 1 * 28a Film 410 MARYLAND STATE DEPARTMENT OF HEALTH 3-4-69 ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201												.17	11123		
FOR STATE .		0112			CAL EXAM			-	-					2 14 6	>	
HEALTH DEPT.		ECEASED NAME Type or Print)	Firs Rema <sup>T</sup> s	_	Mid ≎on	dle		lasi Hunt	er	Jr.	OF DEATH A	ST T			25 HOUR	
delay and 3	3 5	ex ale	4. RACE	S DATE OF BI		6 AGE (n ye last birthde)	ors IF UNDER MONTHS YRS 7 7	DAYS	IF JNDER 2 HOURS	4 HRS 2	Month	DASO DEAD	Year	19 601	2d HOUR	
Give Pages 1, 2, and with form the State Department	10 I	BIRTHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   9. COUNTY OF DEATH   9. COUNTY OF DEATH   11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital   12a USJAL OCCUPATION (Kind of work dane   12b   12a USJAL OCCUPATION (Kind of work dane   12b   12b   12b   12c   1											Md ID KIND OF BUSINESS OR DUSTRY			
thaurs after ltem 18. Giv Office alang land with	٥	dmissian) STATE 7 d. 136 COUNTY YES							YES NO		5607	Chillum	Hts			
24 hau in Iten 's Offi s lang		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle  James Leon Hunter Veronica											Last			
within 24 pencil in caminer's le pages 72 hours		WAS DECEASED EV (es, no, ar unknow		FORCES? e wer or dates of service)	16b. SOCIAL SE	CURITY NO.	17. INFORMA	ANT				ADDRESS		***		
DEPUTY SICAL EXAMINER: This certificate shauld be executed within 24 haurs after death mecessary, please exactive that certificate, writing the word "peading" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 shauld be forwarded to the Chief Madical Examiner's Office along with form 5 may be retained for your files.  Defuneral Directors: Page 3 shauld be used as a burial-transit permit. File pages land-Ewith the State Directors after death.	Z	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART I DEATH WAS (AUSED BY ACUTE proncharmonia as acciated  IMMEDIATE CAUSE (a) Acute proncharmonia as acciated  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause (b) With possible allergic present the last  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(a)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	MEDICAL CERTIFICAT.ON	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK  21e. PLACE OF INJURY (At home, form, street, at work A														
TO DEPUTY SICA BICASSARY, please extractions of the funeral director.  S may be retained to FUNERAL DIRECTOR FUNERAL FUNERAL FUNERAL FUNERAL FUNERAL FUNERAL FUNERAL FUNERAL FUN		SIGNATURE  EXAMINER'S BLOCK  REMOVAL (Specify)  EUNIERAL DIRECTOR  ADDRESS														



(Type or print) ESTHER HURWITZ JAN Manth Doy 2/ Yeor 69	HOUR 2 7 M
DECEASED-NAME First Middle Lost 20. DATE OF DEATH  Type or print)  ESTHER HURWITZ  S. DATE OF BIRTH  A GG (In veors 15 UNDER VEAR IF UNDER VEA	24/M
STHER HURWITZ JAN Manth Boy 2 / Yeor (4)	R 24 HRS.
5. DATE OF BIRTH 6. AGE (In vegrs 15 UNDER 17 YEAR 15 UND	R 24 HRS.
	MiM
EMALE  To. BIRTHPLACE (State PS Spring P)  To. BIRTHPLACE (State P	
70. BIRTHPLACE (State or targing) 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
TO THEY LAND U.S.A. WIDOWED DIVORCED MONTBOMERY	Md
11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work dane 12b Kind OF BUSINI)	SOR
10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during or hospital of the ho	
13a USUAL RESIDENCE (Where deceased lived, if instituting Residence helpse 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER admission) STATE HARVIAND 13b COUNTMUNICONES STILLER SPRINGYES NO \$1.03 FASTERN AVENUE	
13a USUAL RESIDENCE (Where deceased lived, if institution before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER STLVER SPRING SES NO 8103 EASTERN AVENUE 14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Lost	
14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Los	
AARON SCHIFF LIBBY ?	
AARON  SCHIFF  LIBBY  ?  Ido. WAS DECERSED EVER IN U.S. ARMED FORCES? Yes, no prunknown)  I yes give war or darth of service)  It yes give war or darth or yes give war or darth of service)  It yes give war or darth or yes give war or darth or yes give yes yes give yes yes give yes give yes give yes yes give yes yes give y	
MR. HAROLD HURWITZ, CHEVY CHASE, MARYLAM	
18 CAUSE OF DEATH (Enter only one couse per une for (o), (b), ond (c).) PARY I DEATH WAS CAUSED BY	OEATH
PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) CAS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	
DUE TO, OR AS A CONSEQUENCE OF	
DUE TO, OR AS A CONSEQUENCE OF  (b) CACCAD - CCC LESSAS SERVE LES LES  storing the underlying cause (a).  Storing the underlying cause (b).	
rise to immediate cause (a).  Stating the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF the property of the control of	
PART 2 OTRER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTY (a)	
Conditions, if only, which gove rise to immediate cause (a).  Stating the underlying cause lost  PART 2 OTREE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
FEET LE TUCCHEL MED int t (April 68)	
190. DATE OF OPERATION 196 COND TION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFY	IG.
190. DATE OF OPERATION 196 COND TION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFY YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR AM Month Doy Yeor Of the contribution of Course of Cours	
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
OR CONTRIBUTING CAUSE OF DEATH  HOUR AM Month Doy Yeos  19  21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City of Town Gounty	
21d. INJURY OCCURRED While Not while	Stote
of work of work	<u>, , , </u>
22a. I certify that (1) (this haspital) attended the deceased from 19 and that in (my) (aur) apinian death accurred an the date and haur and the date and the d	ve) last
saw the deceased alive an 19 and that in (my) (aur) apinion death accurred an the date and haur and (causes stated above (1) (we) (drd) (drd not) view the bady after death.	um me
226. SIGNATURE 226. SIGNATURE 22c DATE SIGNED	
DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRE	5
Z2d. PHYSICIAN'S NAME (Type)  M. SHAPIRO  22e. ADDRESS HOLV CROSS HOSPITAL	
ROLLY CROSS HOSTITAL	
9 8 2 3 230 BURIAL, CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Sto	9)
BURIAL Decity 1-22-69 MIKRO KODESH-BETH ISRAEL BALTIMORE, MARYLAND	
VR ALS (4) 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISBERSTOWN ROAD 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE	

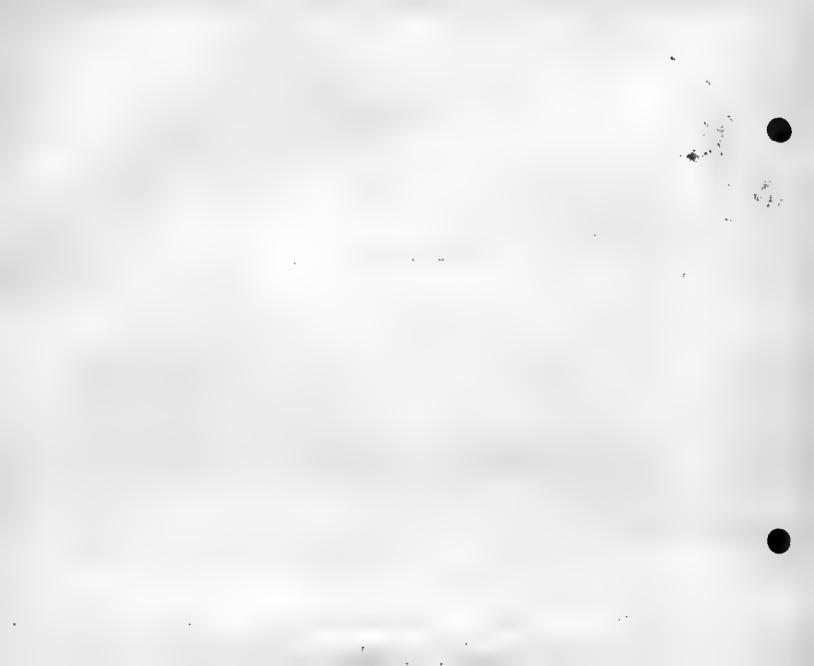
MAKILANU STATE DEPAKTMENT OF MEALIN

1

	ı			ID STATE DEPARTMENT OF 301 W. PRESTON STREET, BALT		
		01120		CERTIFICATE OF DEATH	IMORE, MARTLAND 21201	11125
4 -74		ECEASED-NAME First	M.ddle	last	20 DATE OF DEATH	2b. HOUR
er death funeral 1 and 2	L	Type or print)  John	М.	Hutchens	O1 Month 13 Day	Yeg9 11:40 AM
offer of the state	3. S	EX	4. RACE	5 DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR   IF UNDER 24 HRS.
\$ F 25	L	Male	Cau.	11/22/1938	lost birthday) 30 YRS	MONTHS DAYS HOURS MIN
Toolurs (1)	70	BIRTMPLACE (Stote or foreign intry)	TO CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
10 24 hours after death illed in by the funeral papers. 2 mess 1 and 3 hin 72 hours after death	L	D.C.	U.S.A.	WIDOWED DIVORCED	Montgomery Co.	Md
	1	CITY OR TOWN OF DEATH Bethesda.	II NAME OF HOSPITAL OR IN give street address)	dunng m	A. OCCUPAT On (Kind of work dane ast of working fe, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY,
7 444			Grosvenor Land lived, it institution Residence before	Nursing Home	Student	Ashaci
ond completely fill remove corbon pin ony event, with	odr	ission) STATE  Maryland	13b/county Prince Geo.	YESTER N	A CO	
xecu nov ny e		FATHER S NAME First	Mddle Last	15 MOTHER'S MA DEN NAME	B314-ZUEN AV	
ate be axe ician and a lease remo and in any	1	John	M. Hutch			allin
ate bi	160	WAS DECEASED EVER IN U.S. ARME				R11 20th Tup.
rrificate t physician en please ovol, ond	1		or dates of service,		Kenlie, samewas	
certif g phy lhen novo	F		ane couse per one for (a), (b), and (c)		de nh	APPROXIMATE INTERVAL
ne deoth cer attending p permit. The		PART I DEATH WAS CAUSED	BY: NO 1-13		ieua	BETWEEN ONSET AND DEATH
attendi permit.		/ IMMED AT	DUE TO, OR AS A CONSEQUENCE OF	20101 100-1-19/10	- Len vo	2 Congressi
it the the control by		Conditions, if any, which gave	AL UND TO	atic Pulsosarc	Mua	( b mouty
thot on. by tl rons		rise to immediate couse (a), ( stating the underlying couse)	DUE TO, OR AS A CONSEQUENCE OF		0000	
es t sicro al tr		last	(c)			
equires that the death certific physicion. signed by the attending phys burial transit permit. Then p burial, cremation, or removal,		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
law re ning been s the jorto	2					
The law requires that the death certificate be executed attending physician. has been signed by the attending physician and complese as the burial transit permit. Then please remove con high purial, cremation, or removal, and in any even	CERTIFICATION	190 DATE OF OPERATION 196 CC	INDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
The offer of the o		DOT, 68 1	mudalcara 50	YES NO NO		
AN: or or core		210 ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year	21c HOW INJURY OCCURRED (Ente	r noture of injury in Part 1 or Part 2,	Item 1B)
SICI.	MEDICAL	(If either, notify medical examine	r) P.M. 1	9		
ATTENDING PHYSICIAN: Patained by the hospital or CTOR: After this certificate should be detached for us ith the State Dept of Healt	=	2 id. iNouRY OCCURRED 2 ie. P. While Nat while	ACE OF INJURY (AT HOME, FARM, STREET, FA	(TORY.) 21F LOCATION Street or R F.D. No	City ar Town	County State
# # # # # # # # # # # # # # # # # # #		at wark of wark	1	1130	0 1/12	(9
Affre Affre Stock		saw the deceased all	haspital) attended the deceasive an	god from , 19	inion death occurred on the do	te and hour and from the
OSI TEN	1	causes stated abave,	(I) (we) (did) (did not) view the	bady after death.	and deam accorded an ine ag	re and hade and halff the
OR ATTENE OR ATTENE DIRECTOR: A le 3 should ed with the		22b SIGNATURE	A ( Domi A)	ATTENDING ATTENDING	AED STAFF 22c. I	DATE SIGNED
L OR bill r bill	1	6 conse	M. com coult o	DEGREE PHYS	DIRECTOR PHYS L	13/07
ITAI RAL RAL be f		22d PHYSICIAN'S NAME (Type) Provid	Mornita	22e. ADDRESS	237 300m	filmer fring
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to	230	BURIAL CREMATION. 23b DA	TE I 22- MANAT OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(Cauch) (Cauch)
Pag dire	230	REMOVAL (Specify)	7-1010 O± 1:	and Crevatory	Pri ce Geotges.	(County) (State)
^ ^	24	(INERACHRECIER CARTER	Cellen Carles ADDRESS		IX REGISTRAR 25b. REGISTRARS	SIGNATURE
VR A15 (A1) 45M 1 (A1)	1	1+ e+ E. P. nh+0	3 1010	TIP TIP DATE DATE	20 1969	9.0
45W (1/63/)	L	1 + e + ( . : " nn +e	12. 10.	SAC TIP THE DATE		<i>U</i> •



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01130 CERTIFICATE OF DEATH DECEASED NAME Middle death. 20. DATE OF DEATH 2b HOUR (Type or print) Month ANCHE INGBERG 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF UNDER 24 HRS last buthday) HOURS WHITE FEMALE 7a. BiRTHPLACE (State or foreign 75 CHIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [X] NEVER MARRIED WIDOWED | DIVORCED [ MINN 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done , 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
Housewife 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3c. CITY OR TOWN F3d. WISIDE CTTY LIMITS? 13e STREET AND NUMBER YES XT NOF ond in any 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First requires that the deoth certificate be moMANUS AMES 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 7 INFORMANT Yes, no. or unknown? (If yes give war or dates of service) 216-40-5037 this certificate hos been signed by the attending physi detached for use as the buriol-transit permit. Then plie Dept. of Health prior to buriol, cremotion, or removol, IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) PART I. DEATH WAS CAUSED BY: CONSESTIVE 40 +13 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) ARTCHIC SCLUTGOTIC MUTAT rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSPOLIENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **CAUSES OF DEATH?** YES 🗀 NO [ TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or 210 ACCIDENT WAS UNDERLYING 236 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R F.D. No City or Town Stote County While Not while at work 22a I certify that (1) (this hospital) attended the deceased from 1/25 . 19 6 9 , that (1) (we) last saw the deceased alive an 1/30 \_\_\_\_19<u>69</u>, and that in (my) (<del>our)</del> apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. ( frit. Exence, 4.D. 22b. SIGNATURE 22c DATE SIGNED ATTENDING. DEGREE 22d PHYSIC AN S 22e ADDRESS 5411 W. CLOMIZEN LINIS N CAHILL NAME (Type) SLINLSOM MICH 230 BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Burial 2/3/69 ParklawnMemorial Park Rockville Montgomery Md. 1969Sb. REGISTERS SOUTH ROMAN 250 REC D BY REGISTRAR
DATE FEB 3 1331 Rockville Pike, FUNERAL DIRECTOR Tyson Wheeler Rockville, Md. 20852





., 1 4-1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	J1128
HEALTH DEPT.	I DECEASED NAME First Middle Lost 20 DATE KNOWN Month Do	y Year 2b HOUR
ay is 3 to Page int of		20 1893- M
2, and 3 Page Page Page Page Page Page Page Page	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (16 years 14 JUNDER 14 4RS 2c. DATE PRONOUNCED DEAD 16 Months DAYS HOURS MIN MORTH DOY	Year 2d HOUR
5 G G	1- 1cegre 1013/1904 64 yrs Jan, 20	196.4 3- M
- E &	Country 4 -	11.1
ages h Yarr	10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work dang 126	KIND OF BUSINESS OR
death with the Sx	Betheeda suburton Nomestic	USTRY
2 with the death.	130 USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE() 13e. STREET AND NUMBER	
haurs of Item 18. Office of Tand 2 wi	Marylines Mont. Authoriting " Fing aff	
24 haurs after death in Item 18. Give-Rages ir's Office along with the set I and 2 with the Sidie use ofter death.	14 FATHER'S NAME Exist Middle ost 15. MOTHER'S WAIDEN NAME First Middle	Last
hin 24 nal in niner's pages haurs	166 WAS DECEASED EVER IN U.S. ARMED FORCES? TIGH SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
within penal xaminel ile page 72 hau	(Yes, no, ar unknown) (If yes give war or dates of service)	e de
ed v II Ex II Ex Iin 7	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ecution and a second and a second a sec	PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Bronchopnoumonia	3days-
e ex pend of Mo	Conditions, if ony, which gave )  Conditions, if ony, which gave )  Conditions of ony, which gave )  (b) Subdural hematoma, 22 Dec 1968 (Craniotomy 24 Dec	1 and
rd " Chie tran	DIF TO OR AS A CONSEQUENCE OF	the state of
they the urial	Laceration, traumatic, brain, right frontal lobe (ast. (a) Accidental fall down stairs, at home.	. 29 days
INER: This certificate should be executed within 24 haurs after death secretificate, writing the word "pending" in pencil in Item 18, Give-Rage should be forwarded to the Chief Medical Examiner's Office olong with files.  3 should be used as a burial-transit permit. File pages I and 2 with the Standion, ar remayal, and in any event within 72 haurs ofter death.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rifica arde arde d as	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
s cer forw use	190. DATE OF OPERATION  24 Dac 1968  196 CONDITION FOR WHICH OPERATION  WAS PERFORMED? 506. dura / Heam a forma Cassor of Company  210 EXTERNA. CAUSE WAS  210 TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of Injury in Part ) or Part 2, Hern	YES DE NO
The The dots of the driver	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, them	
INER: The certification of the should be files.  3 should bashould artion, or the should be shou	PRIMARY DOR CONTRIBUTING HOURAM Pec 22 1968 7 Il down-Stails of Rome	
KAMINER: te the certi ge 4 should your files. age 3 shoul cremation,	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f.10cATION Street or R.F.D. No — City or Town	County State
	AT WORK AT WORK XI Home 1308 273 - GAMMERS DOTG MONT	gamery Md-
y, please executed director. Page established for Page established for the Director. Page Director. Page Director.	220. I certify that I took charge of the remains described above, held on Autopsy X, Inspection X, Inquiry X.	ond in my opinion
Dic ase a recta lined In by	death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined monner .	1
JIY DICLA ry, please e eral director be retained RAL DIRECT	ACTUAL SIGNATURE Dehn G. Ball M.D. ASS STANT MEDICAL EXAMINER 226. DATE SIGN	NED
EPUTY DICA SSSGTY, please extinneral director. ay be retained in INERAL DIRECTO	EXAMINER'S DEPUTY MEDICAL EXAMINER A Son 2	2,1969
	NAME (Type) John G. 13all ADDRESS(Street, city, town, or county)	
5 = + 2 = 1	230. BURIAL CREMATION 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d ,OCATION (City, or Town) (CO REMOVAL (Specify) 1-25-69 ROCKY HILL CEMETERY CLARKS BURG M	ounty) (State)
20	24 FUNERAL DIRECTOR 250 RECORD BY REGISTRAP 256 PROPERTY OF THE PROPERTY OF TH	AT Childre
VR A15ME(5)	Robert L. Snowden Rockville, Md. DATE AN 31 1960	6 6
A STATE OF THE STA		

323

many Hall dos

'a, 2g Dec 1968 (Granioter tie, brain, right fre 's stairs, at home.

18 tall down St Box 273 &

Will V

_	I t	em 18 Film 408 1-16-69 MARYLAND STATE DEPARTMENT OF HEALTH
, ·		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
₹ -24		ECEASED-NAME First Middle Lost 2a DATE OF DEATH Type or print) (10 8 10 10 10 10 10 10 10 10 10 10 10 10 10
death.		Type or print) LICSINIA MONTH TACKSON PAR MONTH & DOY OF YEOR 215 PM
E 2 E	3. SI	EX 4 RACE S DATE OF BIRTH 6. AGE (In years II UNDER 1 YEAR IF UNDER 24 HRS.
See A see See		F CAUC 6-19-18 last birthday) YRS. MIN YRS. MIN
hours		BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER-MARRIED 9. COUNTY OF DEATH
24 F ed in ppers.	(OL	24 7/2 (Imerica WIDOWED   DIVORCED X Montgome Ru Md.
ille pap	10 (	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
新	17	TAKOMA PARK: Give street oddress) Sour & Hosp Street of working fee even tretted), INDUSTRY TO TE
d v lete carb	13o.	US_AL RESIDENCE (Where deceosed lived, if institution Residence   13c (ITY OR TOWN   13a ASIDE CITY LM 157   13e. STREET AND NUMBER
cute ve ve eve	adm	ission) STATE M. 1 13b. COUNTY Montgo-ery Silver Species YES X NO 804 5/190 AVE
breekected within and completely filled and completely filled in any event, withir	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
1 5 5 5		JOE JACKSON BESSIE AllEN
a 8 G G	160	WAS DECEASED EVER IN U.S. ARMED FORCES? [16D. SOCIAL SECURITY NO. 17 INFORMANT May Ethel Dea a Address Silve" Spr.
hysa nat,	1	(es. np. or unknown) (Il you give wor or doles of service) 579-09-1496 804 Sligo Average Ald.
cer The P		1B. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c))
aft aft		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Metastata Cateurane UITS
atte		DUE TO, OR AS A CONSEQUENCE OF
the the afficient of the second of the secon		Conditions, if ony, which gave Primary site unknown
hat n. yy t ans		nse to immediate cause (a),   DUE TO, OR AS A CONSEQUENCE OF
es 1 sicio ed 1 al-tr		lost. (c)
physician. Signed by the attending physician and campletely filled in burial-transit permit. Then please remove carban paper burial, crematian, or removal, and in any event, within 72		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(0)
ng Ing Ing Itah	z	Diabeter Melletin.
PHYSICIAN: The law requires that the death certificat e hospital ar attending physician. It is certificate has been signed by the attending physici stached far use as the burial-transit permit. Then pley Dept. of Health priar to burial, crematian, or remayal, a	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The after has see of the p	E E	YES NO CAUSES OF DEATH?
ar are		216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
る。	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
DING PHYSICIA) by the hospital frer this certifice be detached fa State Dept. of He	¥	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County Stote
the determine De		at work at work
by frer Stat		22a. I certify that (I) (this hospital) attended the deceased from 17-44, 19.63, to 19.67, that (I) (we) lost
ENDING ned by the R: After uld be d the State		saw the accessed alive an
Shair sha		22b SIGNATURE 2
OR ATTEND be retained birECTOR: A lp 3 shauld ed with the 6		ATTENDING DIRECTOR DIRECTOR PHYS DIRECTOR DIRECT
AL Day b		22d. PHYSICIAN'S
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for ushauld be filed with the State Dept. of Healt		NAME (Type) & CHERT H- CROLLHAK 1106 41RING SIT. SIKING
HO.	23a	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
0 0 0 10 10 10 10 10 10 10 10 10 10 10 1		MEMOVAL (Specify) 1-7-1969 Maso ic Cemetery Middle vay !!. Ilirais ia
VRAIS (A)	24	FUNERAL DIRECTOR 11 PZE JUSTE ADDRESS SIL. Spr. 11d. 250. RECABINEGISTRAP 369 256 PREDISTRAP 369
30M REV VENO	17,	krozer E. Puriphrey, Dic. 8434 Georgia Ave se part 1



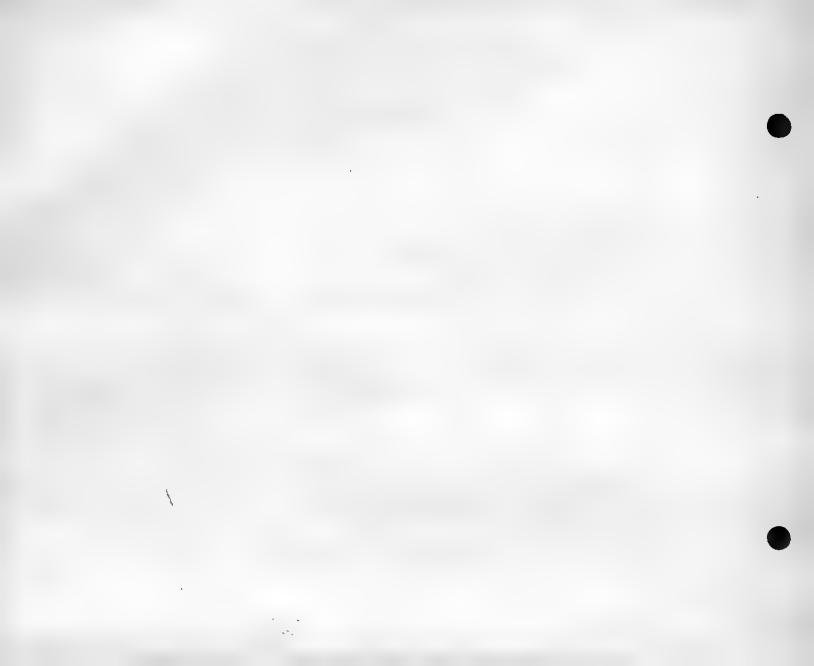
				D STATE DEPARTM			
		31134	DIVISION OF VITAL RECORDS,	301 W. PRESTON STR		E, MARYLAND 21201	11130
. ~	1 D	CEASED-NAME First	Midd <sup>1</sup> B	Lost		DATE OF DEATH	Tak your
and		there are a man	_		. 20	Month Day	Year 2b. HOUR
r deal	3 SE		ert Earnest	Johnson Is, date of big	ти	A ACE (In years	69 12:25AM  IF UNDER 1 YEAR   IF UNDER 24 HRS.
the state	"	Male	Colored			6. AGE (in years last birthday)	MONTHS CAYS HOURS MIN
by he	70 1		76 CITIZEN OF WHAT COUNTRY?	5-17-		72 YRS.	
be executed within 24 hours after death and campletely filled in by the funeral in any event, within 72 hours after death	cour	try)	U.S.A.	8. MARRIED X NEVER MARK WIDOWED DIVOR	CED []	Montgome	▼ Md.
filled pape	10 (	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital	120 JSUAL OCC	UPATION (Kind of work dane working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
with with with with		Olney	give street address) Montgome ry	General	Cement	Finisher Ret.	Construction
ecuted with campletely ave carbon y event, wi	13a odm	USUAL RESIDENCE (Where decease ssign) STATE	ed lived, if institution. Residence before	13c CITY OR TOWN	YES NO	13e. STREET AND NUMBER	
cam		Maryland		Sandy Spring	X	17627 Nerwood	Road-
and rem	14. 1	ATHER S NAME First	Middle Lost	IS MOTHERS MA	DEN NAME First	Middle	Lost
je be ian a ase nd ir		Amos	Johnson	1	Corrie		Billows
prinkaje be physician a en please aval, and ir	16o. Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (35 yes give with	NED FORCES? 16b. SOCIAL SECURITY or or dutes of service)	NO. 17 INFORMANT		Address	
ne death cerifika attending physic permit. Then ple ian, ar remaval, a		No	214-03-93		records D	cpertment	APPROXIMATE INTERVAL
		1B CAUSE OF DEATH (Enter on) PART 1, DEATH WAS CAUSED	y one cause per line for (a), (b) and (c)	.)		•	BETWEEN ONSET AND DEATH
eath mit.			) BY: TE CAUSE (a)	eren			
ath peri		4123	DUE TO, OR AS A CONSEQUENCE OF				
the the mati		Conditions, if any, which gave a rise to immediate cause (o),	(b) Drlesia S	clusted la	edes Corre	uctor designs	•
transport		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF				
ysici ysici ned ial-		last.	(c)				
equres that the physician. signed by the burial-transit burial, cremati		1 1	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1(a)	
nding been s the	ĕ	Inoleeles	Militaleles				Phone your Market or baseliness of the second of the secon
he dantendarianas bras bras bras bras bras bras bras br	CERTIFICATION	90 DATE OF OPERATION .9b. 0	CONDITION FOR WHICH OPERATION WAS PE	1		20b IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
The r affect of the principle of the pri	RIF			AE2	NO.		
AN: al al a		21d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OCCI	URRED (Enter natur	re of injury in Part 1 or Part 2,	Item 1B.)
Signature Parties Part	MEDICAL	(If either, notify medical examin	ner) P.M. 1	9			
be retained by the haspital ar attending physician.  Intercor: After this certificate has been signed by the attending physician and completely filled in by the funeral ge 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages it and ited with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death	×	21d INJURY OCCURRED 21e While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET FA	CTORY ) 21f. LOCATION Street	or RFD No.	City or Town	County State
TENDING TENDING Ined by th R. After i suld be do the State		00-1-16-16-16-170 711	s hospital) attended the deceas	ed from 24 5	, 19 <u>5</u> ,	10 Jan 7, 19	45 , that (1) (we) last
ed by the part of		saw the deceased at	is naspital) aftended the deceas live on	19 <b>65</b> , <b>and</b> that in (m)	/) ( <del>our)</del> apinion	deox occurred on the do	te ond hour and from the
ATTE Strain Shou		22b SIGNATURE	, (I) (we) (ala not) view the	body after death.			DATE SIGNED
TAL OR ATTENT may be retained AL DIRECTOR: A page 3 shauld be filed with the		ZZU. SIGNATURE		DEGREE PHYS	G MED.	STAFF -	DATE STONED
2 - See - Se		22d PHYSICIAN S	- my oce	DEGREE PHYS.	DIRECTO	R L PHYS. L	
RAI RAI be		NAME (Type)	Daniford W.D.	226. 8001			
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page should be file	230	BJRIAL CREMATION, 23b C	Bonifant M.D. S	CEMETERY OR CREMATORY	93d	enter Sandy S LOCATION (City or Tawn)	Pring, H.D. (State)
70 H Page Office Sho	6	REMOVAL (Specify)				ANDY SPRING	
0.0		SUNERAL DIRECTOR	2 ADDRESS	, , , , , , , , , , , , , , , , , , , ,		ISTRAR CO 256 REGISTRARS	SIGNATURE
30M REV TOO	1	Robert L. s	nonten Kor	kvelle ml	DAIAN 10	1969	and June 1



1	]2t	ems 17&22a Film 409 MARYLAND STATE DEPARTMENT OF HEALTH 17-69 ams division of vital records, 301 w. preston street, Baltimore, Maryland 21201	51131
FOR STATE		31135 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2102
HEALTH DEPT.		ECEASED NAME First Middle Lost 20, DATE KNOWNEX Month D	Doy Year 2b PODE
10 0 0 10 10 10 10 10 10 10 10 10 10 10	(	Type or Print)  Sullivan V Johnson DEATH MATED 1 6	6912:1
A P	3. 5	last hirthday) MONTHS TAVE HOURS MAIN	2d <b>App</b>
		Male   White April 19,12 56 yrs   1 000 6	Year 196912: 14
n 2,2	7a	BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEYER MARRIED 9 COUNTY OF DEATH  WIDOWED DIVORCED MORE GOMESTA	
es l form	-	MAJO D.C. PROTEGORIELY	
e Pages with far he Stote		give street address) during most of working life even if retired 1. 15	2b K ND OF BUSINESS OR NOUSTRY
a se		Silver Spring Holy Cross Hos.	Patent
B. Gre P along with the eath.		4 CAME	*****
hours after frem. 18. GA Office along lond 2 with 1		Md. Montgomerty Sil.Spr. " X "   8508 L6th St	
tem. Item. Office offer	14. 1		Last
hin 24 ncil in niner's poges l	160	WAS DECFASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
d be executed within 24 hours after deoth d'pending" in pencil in Item. 18. Gree Pag Chief Medical Exominer's Office along with transit permit. File pages lond 2 with the Story event within 72 hours after death.		(1) yes gry support of the second of the sec	- (30)
ecuted withing in peredical Examedical Examerement. File	-	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))	APPROX MATE INTERVAL
xecuted nding" i Medical permit. nt within		PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Acute coronary insufficiency	BETWEEN ONSET AND DEATH
xec ndin Med Med		HI23 DUE TO, OR AS A CONSEQUENCE OF	
be exe		Conditions, if any, which gave	
word word the Ch		nse to immediate couse (a) (D) COLOTION AS A CONSEQUENCE OF	
shauld be e ne word "per to the Chief I burial-fransit		last. (c)	
certificate shauld be executed writing the word "pending" in rworded to the Chief Medical Eused as a burial-transit permit. Finavol, and in any event within		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(q)	
This certificate irate, writing the be forwarded to do be used as a bor removal, and	N.		
certification of work or work	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AJTOPSY?
This icate, be to	RTIE		YES NO
100 700		21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item	n 18) /
EXAMINER: cute the certif voge 4 should r your files. :Page 3 should il, cremation, ou	MEDICAL	CAUSE OF DEATH P.M. 19	County State
3 3 ± 5 E	2.	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form street, while at work	Consist 21016
			he 1 4 *
Sxe on one or		22a. I certify that took charge at the remains described above, held an Autapsy Inspection Inspection Inquiry	and in my apinia
ose ose rector r		death resulted trong Natural causes 🗵 , Accident 🗌 Suicide 🗌 , Homicide 🔲 , Undefermined manner 🗍	
		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SI	GNED
PTY, ierol be be pri		SIGNATURE ACTIVITY AC	MIBIR
necessory, property from the funeral 5 may be r root for Funeral Health price		NAME (Type) BCODEN LA ABY, D ADDRESS STORY OF OURS) OF THE	1,1767
tee Hee		BURIAL, CREMATION. 23b, DATE 23c NAME OF COMERCY OR CREMATORY 23d LOCATION (City or Town) (I	County) (State)
_		BANNATE 1-9-1969 Dlewood Cometing Fench Red nE	WashDC
	24	FUNERAL DIRECTOR 250 RECED BY REGISTRAR 250 REGISTRAR 5 SI	
VR A15ME (5)		WW. Chambers & Silver Brut J DAT AN 14 1969 filliand	Do Judge .



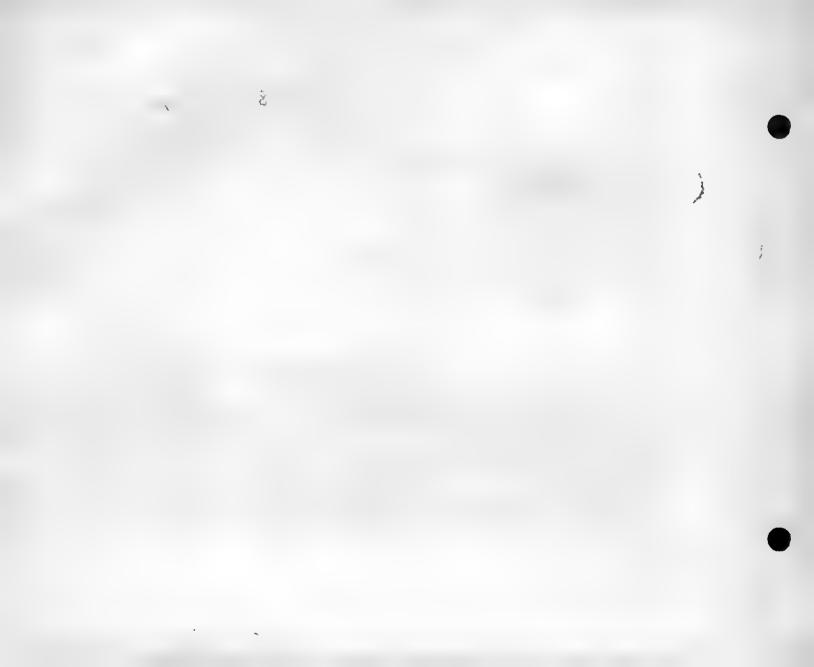
	1				C DEFARIMENT				
,		31130	DIVISION OF VITAL RECO	)RDS, 301 W.	PRESTON STREET,	, BALTIMORE, I	MARYLAND 21201		
77		01700		CERTIF	ICATE OF DEA	ATH		7113:	S
2	1 0	CEASED-NAME First	Middle		Lost	2o DAT	E OF DEATH		2b. HOUR
s after death. the funeral ages i and 2 rs after death.	- (	ype or print) &M	2011 TU	MAS	KANODE		Month Doy	Year	1 /
p en e	3 S		4 RACE	11145	-		JANUARY	1969 ILONGER I YEAR	IF UNDER 24 HRS.
ffer ffer ffer	3 31		4 PACE		S DATE OF BIRTH		6. AGE (In years) last birthday)	MONTHS DAYS	HOURS MIN.
2 dg dg s s s	L	MALE	WhITE		10-1	9-//	57' YRS.		
9 9	7o cou	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	B MARRIE	D NEVER MARRIED	9. COUNTY	OF DEATH		
14 h	COG	D.C.	AMER.	WIDOW			MONTGOME	RIX CO	Md.
iller Pop	10.	TY OR TOWN OF DEATH	1 NAME OF HOSPITA	LOR INSTITUTION (			TON (Kind of work done	126/KIND OF B	JSINESS OR
事を表り		TAKOMA TAK	K / give street oddress)	Spal + L	OSDITAL di	vring most of worl	king life, even if retired.)	INDUSTRY, 6	ert.
d w	13a	USUAL RESIDENCE (Where decease	ed lived if institution. Residence	before 13c CITY		SIDE GTY L M-TS? 13	e STREET AND NUMBER	th 1	
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death staining by the harspital or attending physician crows and completely filled in by the funeral crows certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carban papers Pages 1 and 2 should be detached far use as the burial, cremation, ar remayal, and in any event, within 72 hours after death in the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death	adm	ssian) STATE Md.	136 COUNTY. GEOI	ross W.	HUATTSVILLE	NO 🗌	6631 2	$\mu^m$ $A$	110 1
2 3 2 x	4.	ATHERS NAME First	Middle	Lost	15 MOTHER S MAIDEN		Middle		Last
in a la		10.	c K	1.200 =		MAE		1	OS BURN
a se a	160	WAS DECEASED EVER IN U.S. ARI	AED FORCES? 16b. SOCIAL SE	CURITY NO . II.	I INFORMANT	////	Address		LAPECCE
fica ysic ple al, o			var or dates of service) 440 2	CURITY NO CONTROL OF 4 73	Mrs . Clara.	R Kann	de 66312	M live	Kuster
ph ph iav	<b>=</b>				O Career	77.		APPROXIM	ATE INTRVA.
ing in the second secon		1B. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	lly one couse per ne for (a), (b)	and (c) )	2 011	an Wan	An	BETWEEN ON	ATE INTERVAL SET AND DEATH
eat arı		, IMMEDI.	ATE CAUSE (a)	on b	- nevo			72-CE	CVD.
an, and		7 X	DUE TO, OR AS A CONSEQUE	NCE OF					
# # # # # # # # # # # # # # # # # # #		Canditions, if any, which gave	(b)					}	
n by dans	Н	rise to immediate cause (o), storing the underlying couse.	DUE TO, OR AS A CONSEQUE	NCE OF				-	
es sicio ad 1		last.	{c}						
inys igne uric		PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEATH	BUT NOT REJATED	TO THE TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART 1(a)		
200	l	nalui	titt a-	El Ian	Da. X	al note	alra		
dy the driver	101 NO	19g, DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a: AUTOPSY?	20	b. IF YES, WERE FINDINGS O	ONSIDERED IN CE	RTIFYING
JING PHYSICIAN: The law requires the by the haspital or attending physician after this certificate has been signed by the detached far use as the burial-transtate Dept. af Health priar to burial, cre	CERTIFICATION			THE TENTONICE	YE-D		USES OF DEATH2	OTTO THE PARTY OF	
e h e suse	E	21a. ACCIDENT WAS UNDERLYIN	IG 21b TIME OF INJURY	la.			923	In 10.1	
AN Signature Hec		OR CONTRIBUTING CAUSE OF DEA			HOW INJUST OCCURRED	A (Fluter notine of	injury in Part 1 or Part 2,	Irem 18.j	
	MEDICAL	(If either, natify medical exami	ner) P.M.	19					
ache ept.	2	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME FARM, S OFFICE BUILDING,	TREET FACTORY ) 21F.	LOCATION Street or R	P.D. No	City or Town	County	State
the det		While Not while at work at work							
The section of the state of the		22a. I certify that (I) (th	is haspital) attended the d	eceased_from_	1955	. , 19 , 19_	En 19	69 , that	(I) (we) last
NO N	1	saw the deceased a	live on	<u> </u>	ind that in (my) (a	ur) apinion dea	ith accurred an the do	ite/and haur d	and fram the
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	(anges stated and A	e, (I) (wext (did) (did not) vie	w the body atte	er death.				
OR ATTENI be retains		226 SIGNATURE	D'AMM		ATTENDING (	MED.	C STAFE C .	DATE SIGNED	
ed Se			1 CONGILL	(1) DI	GREE PHYS	DIRECTOR	PHYS. L.	2-64	
AL AL Pog Page fine		22d. PHYSICIANS NAME (Type) TAM	ca likitlant	/	220 ADDRESS 7711	7 CARROL	1 Aur. Tu	Du	Md.
SPI 4 n d b d b d b d b d b d b d b d b d b d		0 377	87 WILLIAM			I GREKOL	U AVE , IK.	PR.	III i
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to	230	BURIAL, CREMATION, 23b	DATE 23c NA	ME OF CEMETERY	OR CREMATORY	23d LO	CATION (City or Tawn)	(County)	(State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		REMOVAL (Specify)	n.4.1969 Jo	il rince	Un Cometin	CZ GEN	ver Manor		md
VR A15 (A)	24	FUNERAL DIRECTOR	254 Castoll 3	10 CO TU	259	REC D BY REGISTRA		SIGNATURE	lan.
30M REV 1	-4	rikuzuketes	Masungton!	WC ZO	DATE	MIN P	1969 Jan	LOS Juis	7



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 21131 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR ond 2 death. (Type or print) 3 SEX RACE S. DATE OF BIRTH 6 AGE (In IF UNDER 1 YEAR F JNDER 24 HRS lost birthagy) MONTHS YR5. hours 70 BIRTHPLACE (Store or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED COUNTY OF DEATH country) WIDOWED DIVORCED 24 burightremation, or removal, and in ony event, with,n 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION Kynd of work dane 126 KIND OF BUSINESS OR give preef godress during most of working life, even if retired ) pon SIL. SPRING completely 13a. USJAL RESIDENCE (Where deceased lived, if institution, Residence before remove cor 13c. CITY OR TOWN 13d. INSIDE CITY ATMITS? 13e STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY NO. 14 FATHERS NAME Middle IS MOTHERS MAIDEN NAME First Middle puo Last Last INO physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. onlunknown) d JUD 20 10-0 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c)) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS AJCONSEQUENCE OF signed by the buriol-tronsit p Conditions, if any, which gove t rise to immediate cause (a). Poge 4 may be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT STATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) pyror to t hos been as the 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20c. AUTOPSY? CAUSES OF DEATH? YES -NO use State Dept. of Health FUNERAL DIRECTOR: After this certificate | rector, page 3 should be detached for us 21o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year P.M (If either, notify medical exominer) / AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City/o/ Tawn 21d INJURY OCCURRED State County OFFICE BUILDING ETC. While Not while at work ot wark 22a. I certify that (I) (this hospitel) (a) tended the deceased from Yusa ta saw the deceased alive an\_ apinian death accurred an the date and hour and fram the director, page 3 should should be should be should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady offer death. 22b SIGNATURE STAFF DEGREE PHYS DIRECTOR PHYS. 22e ADDRESS PHYSICIAN SA NAME (Type) OCKVILLE CBERY 23d BURIAL CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State (County) 9 24 ELINERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb VR A15 (4) 30M REV. 1/68

. . . . • ٠.

, -			DEPARTMENT OF HEALT		
4		DIVISION OF VITAL RECORDS, 301 W. P		E, MARYLAND 21201	.0 6%
		WINDLESS IN IT	CATE OF DEATH	<u> </u>	134
eoth.		ECEASED-NAME First Middle Type or print) 5 - 4 1 /3	Last 2a. 1	DATE OF DEATH  Month Day	2b. HOUR
deof ond deof	_	LENA	KATZ		69 329M
章 15 上章	3 51		S. DATE OF BIRTH	6. AGE (In years IF II MON	INDER I YEAR IF UNDER 24 HRS, ITHS DAYS HOURS MIN
E 5 5		Female WHITE	6/27/1891	77. <b>3</b> /k <sup>3</sup> /ks.	INS DATA HOURS MAIN
9 A		BIRTHPLACE (Stote or foreign 7b, CIT/ZEN OF WHAT COUNTRY? 8. MARRIED ntry)	NEVER MARRIED 9. COU	INTY OF DEATH	0 1
d in 22 h 72 h	Cuui	""KUSSIA U.S.A. WIDOWED		lontaomery	County Md.
nin 24 filled pape thin 73	10 (	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (IF A		UPATION (King) of work done	26 KIND OF BUSINESS OR
be executed within 24 hour and completely filled in by e remove carbon papers. Pin ony event, within 72 hour	IS	Ollvet Spring Give greet oddress) CROSS H	OSPITAL during most of w	warking life, even if retired.)	NDUSTRY
completely ove carbor ove carbor ove	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before   13c CITY OF	R TOWN 13d. NSIDE CITY LIM TS?	13e STREET AND NUMBER	
cute om cute		ission) STATE and Montgomery Silve	Spring YES NO	18484 167 51	•
d comp			S MOTHER'S MAIDEN NAME First	Middle	Lost
be ey	l	BENJAMIN NEEDLEMAN	, DORA		
e death cerminals be oftending physician permit. Then please on, or removal, and i			INFORMANT	Address	
\$ 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ľ	(15 yes give war or dates of service) 577-34-5496-A	TOSY ruen	a.	
no cer		18 CAUSE OF DEATH (Enter only one cause per line for (6), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at in it is a second of the se		PART I. DEATH WAS CAUSED BY	uda -		30000
de de n', o		IMMEDIATE CAUSE (o)	1 6 - 1		75
the of the triple of triple of the triple of triple of the triple of tripl		Conditions, if ony, which gave )	noucluit's		,
hot hot y the sons em		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	-		
SS T SCION TO THE PARTY TO THE		lost. (c) EWHUGS	ema.		
equires that the physician. signed by the burial-transit pburial, crematia		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO	O THE TERMINAL DISEASE OR CONDITH	ON GIVEN IN PART 1(o)	
ng F	-				
PHYSICIAN: The law requires that the death cermine to hospital or ottending physician. his certificate has been signed by the ottending physician stacked for use as the burial-transit permit. Then pleadent, of Health prior to burial, cremation, or removal, an	AT ON	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS CONST	DERED IN CERTIFYING
Short S	CERTIFICAT		YES NO Z	CAUSES OF DEATH?	
n or after us	쮼	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. H	IOW INJURY OCCURRED (Enter nature	e-of injury in Part 1 or Part 2, Item	18)
CI PER	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH  (If either, natify medical examiner)  P.M.  19			
YSI cer thec	PAET.	21d INITIRY OCCURRED 218 PLACE OF INITIRY J'AT HOME, FARM, STREET, FACTORY, \ 21f 10	OCATION Street or R.F.D. No	City or Town Co	ounty State
this leta		While Not while at work at work	1011	, , , 4	G
NY the ter	'	220.   certify that (1) (this baspital) attended the deceased from	1900,19.	10 JM B 19 B	_, that (I) (we) last
ND ND S P P P P P P P P P P P P P P P P P P	1	saw the deceased alive on the Cotton 1964, on	id that in (my) (out) opinian o	deoth occurred on the date of	and hour and from the
ATTEND eroined CTOR: A should vith the S		causes stated above, (I) (w/) (did) (did not) view the body after	deom.		churs t
Tell Will Will Will Will Will Will Will W		226 SIGNATURE LOSSELL LAND DEGI	ATTENDING MED	STAFF 22c. DATE	1669
		22d. PHYSICIAN'S	REE PHYS DIRECTOR	R L PHYS. L	
RAI Po		NAME (Type) Robert Kramer	8484-	16-81-8	3-11d.
Page 4 may be retained by the haspital or ottending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the rector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	230	BURIA., CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR	CREMATORY 123d	LOCATION (City or Town) (C	(State)
Pag H		REMOVAL (Specify)  BURIAL  Jan. 7,1969  Mt. Lebanon (		Hyattsville, Ma	
2-2	24		Carroll 250 REC'D BY REGIS		
VR A15 (4) 30M REV. (48)			Wash. , D. Date AN 9	1969 Ellares	2 July



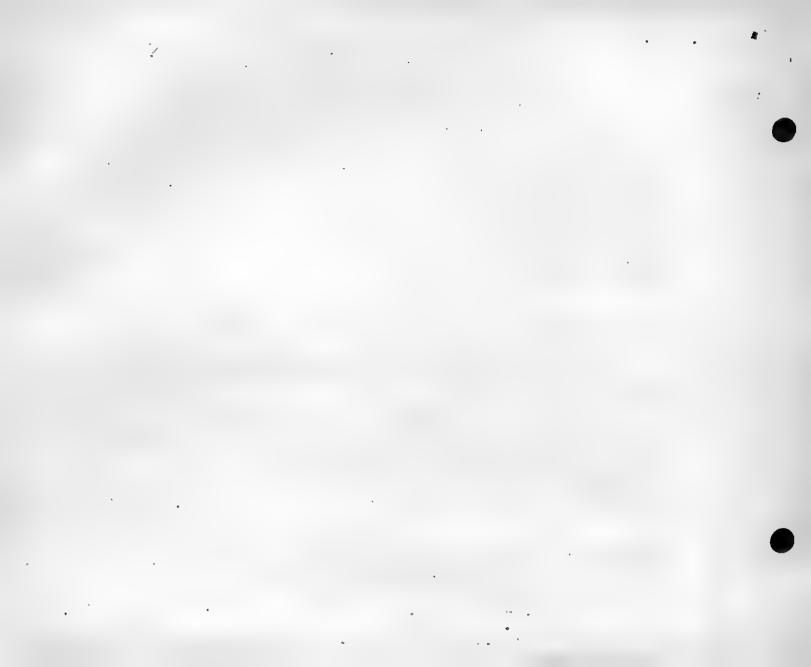
	_ 1				D STATE DEPARTMENT OF F		
			0113, DIVISIO	ON OF VITAL RECORDS,	301 W. PRESTON STREET, BALT	IMORE, MARYLAND 2120	1
			0 4, 2 0 0	(	CERTIFICATE OF DEATH		01135
	er deoth. funeral 1 ond 2 er deoth.		CEASED NAME First Lilian	/_M.ddle	Keefe	20. DATE OF DEATH  Month  Month	Do/2 1 160169 26. HOUR
	by the funeral	3. SE	7emale 4 RACE	Par casi	s DATE OF BIRTH	6 AGE (In years last birthday)	IF JADER 1 YEAR HE LINDER 24 HRS MONTHS DAYS HOURS MIN
(	4 hours of the ers Pone	7o B coun	try	N OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH	merey - m
	ithin 2 by filled on pap within	10. C	ity or town of DEATH	II NAME OF HOSPITAL OR IN	1201/ 151/1 during m	AL OCCUPATION (Kind of work do ast af wark pg life, even if retire	
	omplete event,	130 admi	USUAL RESIDENCE (Where deceased livyd, rt. 13b CC		13c CITY OR TOWN 13d INSIDE CITY II		Consul St. D.W. D.e
	ond condition on only	14 F	ATHERS NAME FIRST A	Middle Lost KEEF	IS MOTHER'S MAIDEN NAME F	rst Middl	e last
	ow requires that the death certificate be executed within 24 hours after deoth rading physicion.  been signed by the ottending physician ond completely filled in by the funeral is the burial-tronsit permit. Then please remained earbon papers, Pages 1 and 2 not to burial, cremation, or removal, and in any event, within 72 hours after deoth and the second of the sec	16a Y	WAS DECEASED EVER IN U.S. ARMED FORCES es, no, or unknown) (If yes give war or dates at s	16b. SOC.AL SECURITY	NO 117 INSORMANT	DLEY 294 H	"MACONES ST.
- And page	ath cert ding plant. There remove	,	18. CAUSE OF DEATH (Enter only one cause PART T. DEATH WAS CAUSED BY:	se per line for (a), (b), and (c).	in dia ma	, ,	APPROX MATE INTERVAL BETWEEN, ONSET AND DEATH
Appl	at the dec		Conditions, if any, which gave )	TO, OR AS A CONSEQUENCE OF		<u>C </u>	1,1100,
	s that cion. d by th l-tronsi		rise to immediate cause (a)	(b)			
	requires that g physicion. n signed by burial-from			ONTHE THE TO DESTRUCT	OF SETTING THE THUMBER THE ORG	ONDITION CHEN CHART (UO)	
	The low attendin has been se as the h prior the	CERTIFICATION	190 DATE OF OPERATION 1955 CONDITION  Full 1968 3229	FOR WHICH OPERATION WAS PE	REPORTED NO DUTOPSY?		IGS CONSIDERED IN CERTIFYING
	ICIAN: oitol or tificate d for u of Heali	MEDICAL CER	21a ACCIDENT WAS UNDERLYING 2/6 GOR CONTRIBUT NG CAUSE OF DEATH [If either, notify medical examiner]	TIME OF INJURY  JR A.M. Manth Doy Year  P.M. 19	21c. HOW IN, JRY OCCURRED (Enter	r nature of injury in Part 1 or Pa	rt 2, Item 18)
	PHYSICIA he haspitol this certific setation betached fo a Dept. of K		21d INJURY OCCURRED 21e PLACE OF While Not while of work at work	INSURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY.) 21f LOCATION Street or RFD No	City or Town	County State
	Poge 4 may be retained by the haspital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cree		22a I certify that (I) (this hospite saw the deceased alive an_ causes stated above, (I) (we	yeur d.	1967, and that in (my) (our) and	nian degen occurred on th	that (I) (we) last e date and hour ond from the
	OR AT be retoin DIRECTO		226 SIGNATHRE P. Rylus	id	DEGREE PHYS D	NED STAFF IRECTOR PHYS	22c DATE SIGNED -69
	SPITAL 4 moy FERAL C or, pog d be fill		22d. PHYSIC AN \$ 4400 - 49	7 Th St. NW.	C.P. ROADRESS A.	ND. Wash	unglen De 20016.
	TO HOSPITAL Poge 4 moy TO FUNERAL director, pog should be fi	23a	BURIAL CREMATION, 23b DATE REMOVAL (Specify) JAN 28	8, 1969 FORT	CEMETERY OR CREMATORY LINCOLN CREMATORY		GES CO, MARYLAND
	30M REV 148 R	24.	W-W Chamb	ERSULTON	ALT, MASTINE DAVE B	Y REGISTRAR 25b REGISTS	RARS S GNATURE



_	ı	MARYLAND STATE DEPARTMENT OF HEALTH	
1	Εđ	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
7		CERTIFICATE OF DEATH	
4 -24		DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b	HOUR
dea and dea	'	(Type or print) LEON KEEVE Month Day Year	A. M
for the	3. 5	SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years 1 IF LINDER TEAR 1 IF UNDER	R 24 HRS
hours after death.  n by the funeral  s. Pages 1 and 2  pours after death.		Male N. 12/24/03 last birthday) MONITHS DAYS HOWES	MIN
Dy Po	7o	BIRTHPLACE (Store or foreign 7b. UTIZEN OF WHAT COUNTRY? 8 MARDIST TO MENTE AND THE STORE OF STATE	
24 hours after death do in by the funeral pers. Pages 1 and 2 72 pours after death	(00	JIRGINIA U.S.A. WIDOWED DIVORCED MONTGOMEN	** 1
Poppe Poppe Illed	10	CITY OR FOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON HE POST IN POST IN THE OF CHIPATION World of Work dogs 120, WALD OF DISTINESS	S OR
with 24 ho 24 ho ban papers.	12	Sethes da gwe street oddress ( during mast of working life, even if retired ) INDUSTRY	, 01.
e executed with and completely remove carbon I any event, with	13a	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 113, CITY OR TOWN 13d, NSIDE CITY LIMITS? 13d, STREET AND NUMBER	
compo dove y eve	odm	mission) STATE D.C. JAB COUNTY Washington YES NO 1300 Constitution AU	-
d co	14.	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last	-
be ex i and e rem in an	1	WALTER KEEVE SARAH MONTAGUE	
icate b isition please I, and i	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address	
ertificate b physician nen please aval, and i		Yes, na, ar unknown) (If yes give war or dates of service) Adeline Keeve - wife - 1300 CONSTI	71150
d b b		IR CAUSE OF DEATH (Fotor only one cause on two for (a) (b) and (c))	
ne death cer affending p permit. The		PART I DEATH WAS CALSED BY IMMEDIATE CAUSE (a) LESSY, was buy surfet	LIO F
te death artendi permit.		1621 DUE TO, OR AS A CONSEQUENCE OF	
the contraction of the contracti	(	Conditions, if any, which gave) Metantolic Staring Christian and Aut. 6	Y
that th an. by the transit p		rise to immediate cause (a).  Stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	
es t sicia sicia sid b sid b		last. (c) Concerone of the lune. 7/21/6	7
equires that th physician. signed by the burat-transit i	ı	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ng a	22		
AN: The law requires that are attending physician. Icate has been signed by far use as the bural-trat	CERTIFICATION	190. DATE OF OPERAT ON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2D0 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	G
The affe		preles Talie Can James YES NO CAUSES OF DEATH?	
ar are			
d for a feet of the second sec	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year [16] either, natify medical examiner) P.M.	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed with etained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely shauld be detached far use as the bur at-transit permit. Then please remave carban with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, with	쁗	21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f LOCATION Street or R.F.D. No. City or Town County  Street or R.F.D. No.	State
the this deto		While of work of wars at wars	
by 1 ffer be 6 State		22a. I certify that (1) (this haspital) attended the deceased from 19 50, ta 19 51, that (1) (we saw the deceased alive on 19 52, and that in (my) (aur) apinion death occurred on the date and haur and from	/e) last
END ed bed he 5		saw the deceased alive on 19 60, and that in (my) (aur) apinian death occurred on the date and haur and fro causes stated above, (1) (we) (did) (did nat) view the body after death.	m the
Tai print the state of the stat	ŀ		
OR ATTENI DIRECTOR: A pile 3 shauld ed with the		ATTENDING MED STAFF	
AL C		DEGREE PHYS DIRECTOR PHYS LI 1/0/6/	
PITA mg RA Fr. P		NAME (Type) MARCIN EICHLER, MD. 91) S. LUGA 1/6 AVE. SIL SU	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be defached far use as the shauld be filed with the State Dept. of Health priar to	230	BURIAL, CREMATION 236 DATE 23c. NAME OF CEMETERY OF CREMATORY 23d LOCAT ON (City or Town) (County) (State	
Page original states		Burial Northumberland, Virgin	iia
	24.	FLINERAL DIRECTOR // / / / / / / / / / / / / / / / / /	
VR A15 (4, 45M - 1, 69		Stewart Funeral Home-4001 Benning Road NAT .13 1968 funeral	



5/m	$\mathbb{I}_{2}^{\mathrm{t}}$	tems 18822a Film 409 MARTIAND STATE DEPARTMENT OF HEALTH -14-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FUN STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1137
HEALTH DEPT.		DECEASED NAME First Meddle Last 20 DATE KNOWN Month	Day Year 2b HOUR
of of		(Type or Print) MARK E. Keister DEATH MATED 1-	26 1969 9 AM
de od	13	SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 15 UNDER 24 HRS 2C DATE PRONOUNCED DEAD loss berindary) Months Qu's Hours Min. Month	24 110110
> 6 6 6	Ϋ́	1110 01110010	Yeor 69 930 M
O Samuel		BIRTHPLACE (Store or fore gn 75 (11 ZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED D	
Pages ith for	10.	00. 7 0	12b KIND OF BUSINESS OR
Po de		Bethesda give street address) Suburban during most of working life even Tret red)	INDUSTRY A
ofter death 8 Give Pages 9 9long with form		JSJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MS.DE CITY INM TS? 13e STREET AND NUMBER /	15 1 1 de 174
18 Give e glong		admission) STATE and 136 COUNTY mont, Rockville YES NO 18415 Vic	tory LAKE
hours a Office of Jan 22	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 ncul in l niner s poges l hours	160	Bert Keister Zeffie  WAS DECEASED EVER IN US ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	JACKSON
		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or Annown) (If yes give wor or dates of service)  166 SOCIAL SECURITY NO. 17 INFORMANT  Fthe!- Wife	Same
ed w Exa Exa n 72		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
rute dicol dicol withi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction;	BETWEEN ONSET AND DEATH
exe endii Med t pe		4/09 DUE TO, OR AS A CONSEQUENCE OF	
be be in pi		(b) coronary artery heart disease	
should be executed with word "pending" in pertorments the Chief Medical Example burial-trans, the permit. File In any event within 72		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sh he sh to t to t bur d in		(c)	
icote ng fl ded as a		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND.T ON GIVEN IN PART 1(0)	
wor wor sed	FICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
h.'s certifice ofe, wr fing e forworde be used as removol, c	E E	WAS PERFORMED?	YES NO 🗆
#= = =	AL CERT	2 to T ME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, ite PRIMARY OR CONTRIBUTING HOUR A.M.	m 18)
INER: To certificate the certificate should be files.  3 should be a should be	MEDICAL	CAUSE OF DEATH P.M 19	Country St.
bical Examiner: This certificate is execute the certificate, wr ting the setor. Page 4 shauld be forworded to ned for your files.  ECTOR: Page 3 should be used as a borrial, cremation, ar removal, and		21d. INJURY OCCURRED  WHILE WORK AT WORK AT WORK  21e. PLACE OF INJURY (At home, farm, street, foctory, affice building, etc.)  21f LOCATION Street or RFD Na City or Tawn	County Stote
DEPUTY EXAM  ressary, please execute the funeral director. Page 4 may be retained for your  FUNERAL DIRECTOR: Page  solth prior to burial, crem		220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X. Inquiry	and in my apinian
Ty Diense executive dienter Pay please executive director. Pay be retained for KAL DIRECTOR: prior to burial,		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner	
please ey la director. Tetained L DIRECTO for to bur		CHIEF MED.CA. EXAMINER	
ITY, plerol of be re prior		SIGNATURE LEVEL 226 DATES	IGNED
o DEPUTY, in the funeral the funeral S may be roof Depute Health pride		EXAMINER'S BELDEN READ M. D. DEPUTY MEDICAL EXAMINER DANS NAME (Type) BELDEN ROLL (Type) OF COUNTY) JAN.	26. 1969
o DEPUTY necessary, the funero 5 may be 0 FUNERA Health pr	230	The state of the s	(Caunty) (State)
<b>⊢ ⊢</b>		The Lincoln Bladensburg	Md.
Cha		FUNERAL DIRECTOR RODert Al Puriphrey address   250 RECT BY REGISTRAR   25b. REGISTRAR'S S	SIGNATURE
VR A15ME (5)	17	7557-Wisconsin Ave., Bethesda, Md.   Partian 2 0 1969   Client	Can Loudge



<i></i>	MARTIANU STATE DEFARIMENT OF HEALTH
62	01142 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 01138
<b>≟</b> _2 <b>≟</b>	DECEASED NAME First, Middle Lost 20. DATE OF DEATH 26, HOUR
fter deoth funeral ss 1 ond 2 fter death	(Type or print) William (Dane) Kessler / Month of Day Great (30 M
fun l	SEX A RACE S DATE OF BIRTH 6 AGE (In years IF LINDER ) YEAR IF UNDER 24 MRS.
the 1	male lubite 9-27-05 last birthday) YRS MONTHS DAYS HOURS MAIN
- 5 6 di	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 hours after deoth ded in the funeral pers. Pages 1 and 2 feet death	Dunfty)
	1 CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (King of work dane /12b, KIND OF BUSINESS OR
t, within	give street address) , / / during most of working life, even if retired () IND JSRY
rilerent will will will will will will	Takoma Tork Washington Jan. 4- NESP. Diebor Shep Owner Barber
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed be retained by the hospital or othending physician.  IIRECTOR: After this certificate has been signed by the ottending physician and complete 3 should be detached for use as the butial-transit permit. Then please remaye be sed with the State Dept. of Health prior to burial, cremation, or removal, and in any event.	In ssion) STATE AND NUMBER AND NUMBER TO A COUNTY OF SION TOWN TOWN TOWN TOWN TOWN THE STATE AND NUMBER AND NUMBER TO A COUNTY
com com	
bu on	FATHER'S NAME Girst Middle Cost IS. MOTHER'S MAIDEN. NAME First Middle Cost
8 0 2 1	Peter Kessler YINDIAN FRIEDDANDER
rtificate be ex physician and en please rem	6d. WAS DECEASED EVER IN U.S. ARMED FORCES? HOD SOCIAL SPCHRITY NO. 35 17 INFORMANT Re Address
hys hys	Yes, no, frynknown) (I yas gree war or ideles of service) - Wishington and Hesp Records Takeme Pt. in d.
he death certific ottending phys permit. Then p	18 CALISE OF DEATH (Enter only one course per line for (n) (b) and (c)
# # # = = = = = = = = = = = = = = = = =	PART I. DEATH WAS CAUSED BY.
deg tren tren, or,	SHIPME DIATE CAUSE (0)
he of lion	Conditions, if only, which gave)  DUE TO, OR AS A CONSTRUENCE OF  Conditions, if only, which gave)
of the the nsit p	rice to immediate cause (a)
troi troi	stoting the underlying course DUE TO, OR AS A CONSEQUENCE OF
quires that the physicion. signed by the burial-tronsit burial tremat	(c) (c) (d) tansmin (c) (d) (d)
sign bur bur	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
ing he to	1) 13 heter nollilis.
lov be the rior	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
PHYSICIAN: The low rethe hospital or ottending this certificate has been eletached for use as the Bept. of Heolth prior to	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED 15 Findings of injury in Port 1 or Port 2 Item 18.1
at at a second	
f He filter	GOUNTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year  (If either, notify medical examiner) P.M. 19  2.d. INVIRY OCCURRED 21e PLACE OF INVIRY AN HOME, FARM, STREET, FACTORY, 1.21f LOCATION Street of R.F.D. No. (ity or Town County State
rent hed	2.d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. (ity or Town County Stote While In Not while Indian
G PHYSICI the hospit this certifi detached	While Mat while
ted the	I Walk at work
Sto Sto	22a. I certify that (I) (this hospital) attended the deceased from, 19.68 , ta, 19.69 , that (I) (we) last saw the deceased alive an, 19.69 , and that in (my) (our) epinian death occurred an the date and haur and from the
R: ned	causes stated abave, (1) (we) (did) (did) view the bady after death
the of the state o	226 DATE SIGNATURE 226 DATE SIGNED
4 3 E E	Morton altolog M.D. DEGREE ATTENDING DIRECTOR DIFFECTOR DIFFERDING DIFFECTOR DIFFECTOR DIFFECTOR DIFFERDING DIFF
RAI Pe	22d PHYSICIANS NAME (Type) Morton Altscheler M.D. 9205-New Hampshie Are gring My
TO HOSPITAL OR ATENDING PHYSICIAN: The low requires that the death certificate be executed. Page 4 may be retained by the hospital or othending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compled director, page 3 should be detached for use as the burial-transit permit. Then please remaye should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event	
S S S S S S S S S S S S S S S S S S S	30 BHF AL (REMATION, 23b. DATE 11-1969 23 NAME OF CEMETERY OR CREMATORY 23d. SOCATION (City or Town) (County) (Store)
5- 5- ~	4 FUNERAL DIRECTOR 1 250 REG STRARS GENATURE  ADDRESS 250 REC'D BY REGISTRAR 250 REG STRARS GENATURE
VR ATS	
30M REV 168	1400 chape SI N. Wah D. C DAWAN 1 4 1969 fellowers Just



. "	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
FOR-STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1139			
HEALTH DEPT.	1 0	ECEASED-NAME / First Middle Lost 20 DATE KNOWN 7 Month	Day Year 2b. HOUR			
is of of	(	Type or Print) Lames I Silby DEATH MATED : JOH	9 19/19/0 5 1			
Page 44	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE (In years 1 of UNDER 1 YEAR) 15 JNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d. HOUR			
de 13.	)	male white april, 24/452 / 6 YRS NOWTHS DAYS HOURS MIN Menth Bay	Year 10 9 10 5 M			
2, 2, P	7a	BIRTHPLACE (State or foreign 76, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9, COUNTY OF DEATH	(2) 1 - 77 18			
farm farm	CON	11/1/ 11/1/ AC USA WIDOWED DIVORCED DIV	east M			
	10.		26 MIND OF BUSINESS OR			
after death 8 Give Paga alang with the Stawith the Sta		Bithesda give street address) Subsection during most of working I fe, event retired)	NOWSTRY Les			
fter Giv ang th t		LSUAL RESIDENCE (Where deceased yield, if institution Residence before 13c CITY OR TOWN 13d INSIDERITY AM 157 13e/ SREET AND NUMBER				
· · · · · · · · · · · · · · · · · · ·	0	drission) STATE Ind V36 50 UNITY George Sandone YES NO 1 3406 Lodge	refark Rd			
haurr Item Poffice I and 2	14	ATHER'S NAME A First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost			
T C Seal of or		Glorge & Selly Rose Burkhard				
within 24 Pencil in Xangger To hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es no, or unknown)   (if yes give war or dates of service)   16b. SOCIAL SECUR TY NO.   17. INFORMANT   ADDRESS				
within penth xxange xxange 172 hou	,	wonge E. Relly Same	an #13			
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY.	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH			
xecuted' in ading" in Medical E		PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o) Lacetation of Brain.	5 days			
A P M		DUE TO, OR AS A CONSEQUENCE OF	1			
be "p "ip ansi		Conditions, if any, which gove rise to immediate cause (a). (b) 72 a cture 7. 3 ks//.	) craps			
		storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	to almost			
가 하는 다		loss. (1) Traunia tropa. 72/	5 days.			
te, writing the war te, writing the war farwarded ta the e used as a burial- remavat, and in an		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)				
verificate writing the revarded the reserved as a reserved as a reserved.	8					
certi writ arwai used mava	Š	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?			
his e de re	CERTIFICATION		YES 🔼 NO 🗆			
NER: T certific hauld b lies. shauld tian, ar		210 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   21b TIME OF INJURY Month, Day Year PRIMARY OF CONTRIBUTING   40 Part 1 or Part 2, the August 1969  Table of Ladden at work atwhise				
KAMINER: te the certifies ge 4 shauld your files, age 3 shau cremation,	MEDICAL					
the the ur fur fer 3 semo	2	foctory office building atc.)	County Stote			
EXA ute ute you you		AT WORK IN AT WORK I Home Tool Oliver St. Chang Chara Mar				
CAL E: executor. Page of far CTOR: Purnal,		22a. I <b>certify</b> that I taak charge of the remains described above, held an Autopsy 🖂, Inspection 🔀, Inquiry 🔀				
please e director retained DIRECT		death resulted from: Natural causes 🔲 , Accident 🔼 , Suicide 🔲 , Hamicide 🔲 , Undetermined monner [				
olease direct direct direct birect DIREC		ACTUAL OF BOLS CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER				
		SIGNATUREM.D. ASSISTANT MEDICAL EXAMINER	IGNED			
DEPUTY cessary, e funera may be FUNERAL		EXAMINER'S  DEPUTY MED CAL EXAMINER	.9.11969			
TO DEPUTY necessary, the funera 5 may be 5 may be 10 FUNERAI	- 00	NAME (Type) Oh N G. BALL ADDRESS(Street, city, town, or county)				
5 g = ~ 5 ±	230		(County) (State) Maryland			
W.K.	24		· ·			
VR A15ME D		mmons Bros. 1661-Gd. Hope Rd. SE. DC DATE JAN 13 1969	and mage			
TOM REV 17AK		TOTAL	, 13			

MARYLAND STATE DEPARTMENT OF HEALTH

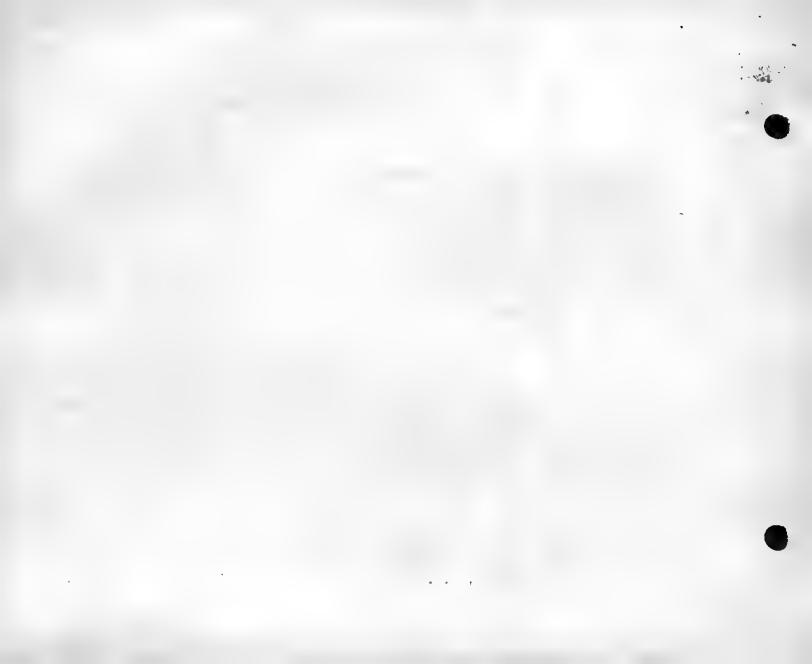


8	A 1	L	0 1 1 4 a DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
A.	#*	_	Item#586 FilmGli09 1/30/69km CERTIFICATE OF DEATH	
FITZGERALI	death.		DECEASED-NAME (Type or print)  TARY IRENE  Middle  Last  Last  Last  TARY IRENE  Middle  KIRBY  Do DATE OF DEATH  TO DATE OF DEATH  Doy Year	2b HOJR 1;45 M
E.	effects and the feather the fe	3 5		F UNDER 24 HRS. HOURS MIN
	in A	7a (au	BRTHPLACE (Stole of foreign VSH D.C. 76 CITIZEN OF WHAT COUNTRY? USA WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED	Md
	e executed within 24rz and completely filled in remove carban papers in any event, within 72	10 <sub>T</sub>	TAXO PARTA  11 NAME OF HOSPITAL OR INSTITUTION (if not un baserted during most of working life, even if retired)  12 USUAL OCCUPATION (Kind of work dane during most of working life, even if retired)  12 USUAL OCCUPATION (Kind of work dane lindustry)	SINESS OR
SIGNED	executed w	13a adm	a SUAL RESIDENCE (Where deceased I ved, if institution Recidence before 13 SILVER SPGS VES NO 13 AIREE AND WHATSTITY BLVD 1	EAST
10000000000000000000000000000000000000	ond cond cond in any	14.	FATHER'S NAME AUTHER Middle Lost IS. NOTHER'S MAIDEN MAYE TIGHTY Middle	Last
M To	physician Then please moval, and i		NO. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)   11 yes give wor or dates of service)   16b SOCIAL SECURITY NO   17 INFORMAN, DUKE DAUGHTER 805 Address LANE	SS MD.
EXAM	S PE		18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ACCUSE ON INJURIE TO THE PROTECTION IMMEDIATE CAUSE (b)	HTAND DEATH
	that the death an. by the attendin ransit permit crematian, ar re		Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  AN ACCOUNTY OF THE PROPERTY	
WITH	quires that the physician. signed by the burial-transit burial, cremat		rise to Immediate couse (a), stoting the underlying cause last.	
El photography and a second			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CLEARED	The law ratending has been se as the h prarta	CERTIFICAT ON	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERT CAUSES OF DEATH?	TIFYING
	rsician: T aspital ar certificate b hed for us	ਤਿੱ	GORCONTR BUTTING CAUSE OF DEATH HOUR AM Month Doy Year	
	NING PHYSICIAN by the haspital fler this certifice be detached for State Dept. af H	MEDI	The either, namy medical examiner;  21d INJURY OCCURRED  21e PLACE OF INJURY (AI HOME, FARM, STREET FACTORY.)  While Not while Only the place of the	State
	TENDING ined by the Ster that the State		22a. I certify that (I) (this haspital) attended the deceased from, 19 // , that ( saw the deceased give an, 19 // , and that in (my) (aur) applied death occurred an the date and haur at	(1) (we) last
	OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the		causes stated abave, (I) (we) (did) ( <del>did not</del> ) view the bady after death.  22b. SIGNAPORE 22c. DATE SIGNED	q
			DEGREE PHYS DIRECTOR LI PHYS LI DIRECTOR LI PHYS LI	<u>/</u>
	O HOSPITAL Page 4 may O FUNERAL director, pag shauld be fi	234	BURIA_CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (Cry or Town) (County)	(State)
	P P P S S S S S S S S S S S S S S S S S	24	REMOVAL (Specify) 1-7-69 FT. LINCOLN 3261 BLADENS DURG RD. PG.  ADDRESS YCCCOLOGY 250 RECUBY REGISTRAR 250 REGISTRAR 250 REGISTRAR 350 RECUBY REGISTRAR 250 REGISTRAR 350 RECUBY RECUBY REGISTRAR 350 RECUBY REGISTRAR 350 RECUBY REGISTRAR 350 RECUBY	M.D
	30M REV. 1X	AR	: W. Chamber In Link H. Dilling. JAN 10 1969 June	





	MARTIAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 💛 🔭 🚜 🔈	
φ. ο <sub>ι</sub>	01145 CERTIFICATE OF DEATH	
5 2 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ECEASED-NAME First Middle Lost (20. DATE OF DEATH 2b	HOUR
death	1 munica 1 to 1 1 munica	COT
r deat		ER 24 HRS.
free der der der der der der der der der	Inst hurthday   Manthe   Days   House	
	10 A CAS 112 N 1/12 1905 64 YRS.	
SIVE S	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
24 popers	WESTPIEUS NOV. 4.5.A. WIDOWED IN DIVORCED IN MORITACMERY	Md.
pop pop me	CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINE	SS OR
in plate within 24 poors free death implately which is printed from the carbon papers. Pages I and even, within 72 haurs after death montgomery. County	WHENTON give street address   NULL SINGE HOWE   during most of working life, even if retired.) INDUSTRY   MINUSTRY   MINUSTRY   MINUSTRY	anox
T T T T T T T T T T T T T T T T T T T	USUAL RESIDENCE (Where deceased lived, if institution Residence before   13c CITY OR TOWN   13d INSIDE CITY LIMITS? , X13e. STREET AND NUMBER	11.00
We eve	ISSION) STATE N. WI NO. COUNTY - MT. KISCU YES NOW 169 MAIN STRE	ET
emave any ev.	FATHER'S NAME First Middle Last I'S MOTHER'S MAIDEN NAME First Middle Losi	
e be e on and sse rei ndin a		
cton cton and and Rez	WAS DECEASED EVER IN U.S. ARMED FORCES? TIGHT SOCIAL SECURITY NO 17 INFORMANT Address	
/sical	(es no or unknown)   (If yes give wor or dates of service)	30 Alie
phy en aval	I I I I I I I I I I I I I I I I I I I	CVVI
To the Had	18. LAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) )	GEATH
eath endin nit. or rei	PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0)  AUYOCCA Chal Walcher  Sund	Sou
atte	The state of the s	•
Figure 1	Conditions, if any which gove) (b) Crowdry Cuteros der our Const	LLC
that ian. by th transi cremo	rise to immediate couse (a).  stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ss to de	lost. (c)	
quire phys igne urio vrio	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ng p ng p ng p ng p ta bu	THE 2 WILL SUMMON COMPANIES TO BERN OF RESTREET OF THE TEXABILITY OF CONTINUE OF CONTINUE OF THE TAX TO	
din the	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFY	No
it. The lay are the has be use as the harian alth prior	CALLES OF DEATHS	NG
the state of the s	YES NO 🔀	
rate de la	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)	
D 8 4 5 5 7	Ilf either, notify medical examiner) P.M. 19	
ATTENDING PHYSICIAN: The law requires that the death certificate be stained by the haspital or attending physician.  GTOR: After this certificate has been signed by the attending physician or should be detached for use as the burial-transit permit. Then please mith the State Dept. of Health prior to burial, cremation, or remaval, and in cost by Nursing Home advisosor. Belden Real	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. (Hy or Town County	Stoře
he he he ribis	While Not while of work of work	
NG Per de	220. I certify that (I) (this-haspital), affended the deceased from 1951, to 120, 1991, that (I) (	<del>we}-</del> last
ed bed bed bed bed be Side be Side bed bed bed bed bed bed bed bed bed b	saw the deceased alive an 1991, and that in (mv) (our) apinian death accurred an the date and hour and f	rom the
TOR. Houle the the the the the the the the the th	causes stated above, (1) <del>(we)</del> (aid) <del>(did not)</del> view, the body after death.	
LA SE CHANGE	22b. SIGNATURE ATTENDING MED. STAFF 22c. DAYE SIGNED	
OR A be ret be ret of sign of the sign of	DIRECTOR LI PHYS LI (2) 10 1	
MAL DE FILE	22d PHYSIC ANS NAME (Type) David Morowitz, M.D.  22e ADDRESS 2309 Shorefield Drive, Wheaton, Md.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camples director, page 3 should be detached for use as the burial-transit permit. Then please remove carb should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event.  University Nursing Home advises Dr. Belden Reap, Mont	NAME (Type) David Morowitz, M.D. ) 2309 Shorefield Drive, Wheaton, Md.	•
UN Berto	BURIA., CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cty or Town) (County) (Sto	te)
Pag Pag Aire	REMOVAL SPECTY 1-30-69 ST. FRIANCIS CEM. MT. KISCO, N. Y.	
	ENNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 1 256 REG STRAR'S SIGNATURE	
VR A15 (4) 30M REV, 1/68	CS. GAWLER'S SONS, 5130 VIS, AVE, WASH, AGFEB 3 1969 HUMANIAS JULY	
	/ DAIL () 1- // //	

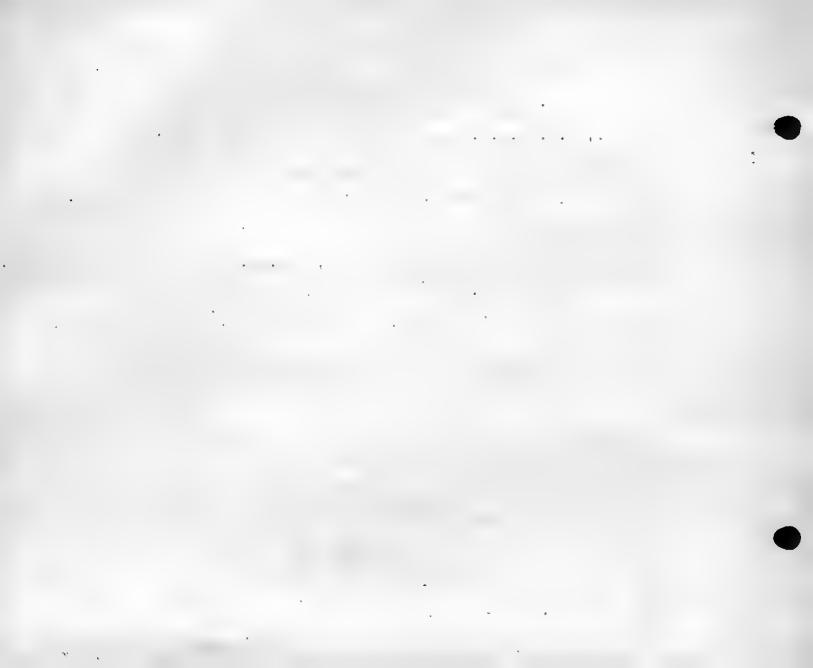


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 12-17, Fiz- 1109 1/29/69 KCERTIFICATE OF DEATH DECEASED NAME First Middle 2o. DATE OF DEATH 2b HOUR tertificate be executed within 24 hours after death (Type or print) Month STANLE 4444 JAN 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 NRS DAYS MALE WHITE 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED MONT gome Ry WIDOWED IX DIVORCED [ burial, crematian, ar removal, and in any event, within 72 GERMANY 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USJA, OCCUPATION (Kusa of work done 126 KIND OF BUSINESS OR during most of working life, even if retired.)

Ret. Grocer give street oddress) INDUSTRY 130 USUAL RES DENCE (Where deceased I ved, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY 14 FATHER'S MAME IS MOTHER'S MAIDEN NAME First STANLEY Kotas AULINE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) VIRGINIA D 070-05-2095 APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) death PART I DEATH WAS CAUSED BY signed by the offense burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove a rise to immediate couse (a), ( **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) certificate has been be detached far use as the State Dept of Health prior to 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO SZ 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC. 21f LOCATION Street or R F D No. City or Town County Stote TO FUNERAL DIRECTOR: After this While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 2 - 4, 19 & 7, to 12-377 saw the deceased alive an 9 2 1964, and that in (my) (our) apinion death occurred on the date and have and from the causes stated above, (1) (worldish) (did not) view the bady after death. director, page 3 sha shau,d be filed with DEGREE PHYS DIRECTOR PHYS 22d PHYSICIAN S 22e ADDRESS 809 Viers Mill John S. Saia Rockville Maryland 230 BUR AL CHARLER 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 235 DATE (County) Cheekowago REMICITAL (Specify) 11 - 13 - 69St. Stanislaus Cem. 24 FUNERAL DIRECTORRODERT A. Pumphreadress REC D. BY REGISTRAR 256 REGISTRAR S SIGNATUR VR A15 4) 45M - 1, 69 Charles 7557-Wisconsin Ave., Bethesda, Md.



<del>-7 :-</del> ]	MAKTLANU STATE DEPAKTMENT OF HEALTH
FOD STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First M.odie Lost 2o. DATE KNOWN Month Doy Year 2b. HOUR (Type or Print)
lay is	Lillian Mae Kreis DEATH MATED 1 16 1969 M
5 m a / 5	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (n years FUNDER 1 YEAR FUNDER 24 HRS 20 DATE PRONOUNCED DEAD 20 HOUR
ny delay 2, and 3 PM3. Pog parts ant	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years tunder 14 HRS 10 ATS HOURS MIN Month 16 Pay 169 9 PM
	70 BIRTHPLACE (State or foreign 70 CITIZEN OF WHAT COLATRY? 8 MARRIED NEVER MARR ED 9. COUNTY OF DEATH
orm or D	Wash. D.C. U.S.A. WiDOWED ₩ DIVORCED Montgomery Md
ath age h f h f	10. CITY OR TOWN OF DEATH 11 NAME OF HOSP.TAL OR INSTITUT ON (if not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR
dec with	Rockville give street oddress) at home during mast of warking life, even if retired) INDLSTRY Housewife
Is after death  18 Give Pages 1,  19 along with farm  2 with the State De  7 death.	130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN. 13d. JUSTOE CITY LIMITS? 13e. STREET AND NUMBER
alo alo	odm ssion) STATE Md 13b COUNTY Montg. Rockville YES NO 13705 Lionel La.
hours after Item 18 Gi Office along Iond 2 with after death.	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
I form	
nun 24 nun 24 nun 24 pages	John Wright Louisa Carroll  160 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS
within penal kamine kamine kamine 72 hay	(Yes, no, or unknown) (If yes give war or dates of service)
ruld be executed without and "pending" in pending" in pending the Chief Medical Example dal-transit permit. File any event within 72	no none Niece Eva. M. Whitsell 13705 Lionel L
in i	18 CAUSE OF DEATH (Enter only one couse per une for (a), (b), and (c).  PART I DEATH WAS CAUSED BY
eding eding wil	IMMEDIATE CAUSE (0)
ent pent	DUE TO, OP TS A CONSTOLLENCE OF
roms	(conditions, if any, which gove) (b) Chlemosclerotic Near Australe
ony	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
ficate shauld be executed with ing the word "pending" in perdet to the Chief Medical Exaras as a burial-transit permit. File and in any event within 72.	last.   (c)
d the	PART 2. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
rfing iring ad. o	N N N N N N N N N N N N N N N N N N N
This certificate shauld be executed within 24 haurs after death cate, writing the word "pending" in pencil in Item 18 Give Page be farwarded to the Chief Medical Examiners office along with 1be used as a burial-transit permit. File pages Tand 2 with the Stant remayal, and in any event within 72 haurs after death.	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21c. EXTERNAL CAUSE WAS 21d TIME OF IN, URY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
ob to	E NO XI
= = = = =	21o. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
IER: cert cert abaul les. shau tion,	CAUSE OF DEATH P.M. 19
and the state of t	$f_{t+1}, \dots, f_{t+1}, f_{t+1}, g_{t+1}, \dots, g_{t+1}$
EXAMINER: ute the certi age 4 shauld yaur fles. Page 3 shaul	WHILE NOT WHILE TOCTORY, OTTICE BURGING, etc.)
	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my opinion
CAL Elector of the Car. Poped for CTOR: Puriol, buriol,	death resulted from: Natural causes Acident Suicide Homicide Undefermined monner
please e) I director. retained	CHIEF MEDICAL EXAMINER
y, please relative retains (AL DIRE)	SIGNATURE SIGNATURE 226 DATE SIGNED
SSary, F funeral oy be r INERAL	EXAMINER'S D  DEPULTY MEDICA. EXAMINER X  17. 1969
necessary, please exect the funeral director. Pa 5 may be retained for <b>O FUNERAL DIRECTOR</b> ; Health prior to bur.al,	NAME (Type) SELDEN A. NEAD M.D. ADDRESS THERE SHE ENTRY DESCRIPTION OF THE PROPERTY OF THE PRO
o Di the 5 mg	230 BURTA, (REMATION, 236 DATE 236 NAME OF CEMETERY OR (REMATORY) 23d LOCATION (CINCOT TOWN) (County) (Stote)
- =	BUNEPER L 18 JAN 1969 ROCK CREEK CEMETERY WASHINGTON NE.
	24 FUNERAL DIRECTOR O
VR A15ME (5)	
10M REV 1/68	1400 GEORGIA AVE. N. W. DC 20012 DATE 20 1969 A



J	mingliffer who	12.	tems 18-22m Film 409 MARYLAND STATE DEPARTMENT OF HEALTH -6-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	9 9 00
FOR S'	TATE		91343 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	145
HEALTH	DEPT.	1	DECEASED-NAME (Type or Print)  ANDREW  GRATIAN  GRATIAN  Month Day  OF ESTI- DEATH MATED  1-17-69	
ny delay is nad 3 ta PM3. Page	Department of	3	SEX 4. RACE S DATE OF BIRTH 6 AGE (in years 14 JUNDER VEAR IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD	Year 10; 30
-, E	te Depa		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED NOT TOO TERY	N
Pag with	pages Fand 2 with the State hours after death.		SILVER SPRINGS  11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of working) fe even if retired. INDUSTRICT HOSP.	STRY
ੂ ਦੂ ਰੂ∵ ਰੂ	2 with death.		admission) STATE MD. USb COUNTPG. CO. BELLTSVILLE YES NO 136. STREET AND NUMBER 13108 GRETNMOUN	T AVE
270	s tand?	*	FATHERS NAME STEPHAN GO KUTTNER IS. MOTHERS MAIDEN NAME FIRST LLCH, Middle	Last
within 24 n pencitin Examiners	File pages -		a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service) 578 444162 LVDWIE KUTTNER 5803 CHEVY	CHASE PKU
	LL		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART   DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Multiple extreme injuries incurred	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be executed d "pending"   Chief Medical	burial-transit permit E I in any event within		O DUE TO, OR AS A CONSEQUENCE OF  Candillians, if any, which gave )  In auto accident	
wor the	urial-tra in any		rise to immediate cause (a), stating the underlying cause lost.	
certificate sh , writing the larwarded to	D S G	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate, write be farware	be used a	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY? YES NO
≒ ⊇	70 0	MEDICAL CER		COULLOT
execute the cer or. Page 4 shau	yaur mes. Page 3 shoul	ME	fasters office to die of the state of the st	omery Md.
executor. Pag	CTOR: P burial.		22a   certify that   took charge of the remains described above, held an Autopsy   Inspection   Inquiry   death resulted troop   Natural causes   Accident   Sylvide   Hamicide   Underermined monner	ond in my opinio
please il directo	e reraine t <b>AL DIRE</b> priar ta		ACTUAL SIGNATURE  ACTUAL SIGNATURE  ASSISTANT MEDICAL EXAMINER  226. DATE SIGNI	<b>E</b> D
O DEPUTY necessary, the funeral	FUNERAL DIRECTOR: ealth priar to burial.	2	EXAMINER'S NAME (Type) BC 10611 A REPORT ADDRESS HORT AND GLOCALLY TO TANK	17,1969
TO L	7 P. C.	23 1	30 BURIAL CREMATION, 236 DATE 1236 NAME OF CEMETERY OF CREMATORY 230 LOCATION (Cty or Town) (COLT BRANCH LAND 2), 1969 GATE GHEAVEN WHEATON MARY	nty) (State)
VR :	A15ME [5]	2	4. FUNERAL DIRECTOR AAAABERS GO. RIVERDALE, MD 250 RECD BY REGISTRAR 250 REGISTRAR 5 SIGNAL DATE J 22 1969 PROPERTY OF THE PRO	Junge Junge



- A	MARYLAND STATE DEPARTMENT OF HEALTH	
-6-1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7 146	
	CERTIFICATE OF DEATH	
# = 54	1 DECEASED NAME (Type or print) (RG up a 2 )	)UR
after death	11110 (1) FO FIC (10) 120 1961 A	S N
重 岩石劃	3 SEX S DATE OF BIRTH S AGE (In years IF UNDER 1 YEAR F UNDER 24	
	Trail (4/6/1898 70 "YRS 7 7	MIR
by the by	70 BIRTHPLACE (State or fare gn 75 C FIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
equires that the death certificate be executed within 24 physician. signed by the attending physician and campletely fulled is burial-transit permit. Then please remave carbon papers burial, cremation, ar removal, and in any event, within 72	Congentina 4-5/7 WIDDWED DIVORCED [ Montaineral	Md
file file	10 CHY OR ICOM OF DEATH 11 MAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a "SJAL OCCUPATION (Kind of work the 12b KIND OF B. SINESS OF	R
bon with	Batherda Sub rogn Hospital during most of working fe, even if retired   INDUSTRY Retired	
ed ror cor	13a SUBL RESIDENCE (Where deceased fived, if Institution Residence before 13c CITY OR TOWN, 13d INSIDE CITY LIM IS? 13e STREET AND NUMBER	
dami dami	The Goek 136 COUNTY Joseph State On 13743 - Goth St.	
eme exe	14 FATHER'S NAME First Middle Lost / IS MOTHER'S MAIDEN NAME First Middle Lost	
be he din di	senaro Ea Guordia angelia Stille	
ate icia eas	160 WAS DECEASED EVER IN S ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Azon a the salar	
trific of p	1es, no, or unknown) (11 yes give war or doles of service) 109-36-4480 Siste. Theo Italia to Hearlies	
The The	18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))  PART I DEATH WAS CAUSED BY  NEVER AND DEATH  NEVER AND DEATH  NOTE: AN	
ath and a series	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial infarction, old and recent 4 mo	183
e de ofte	TY DUE TO, OR AS A CONSEQUENCE OF	
the the	Conditions, if any, which gove) Company thrombosis ald and recent 4 mg	
that m. by 1 ans	rse to Immediate cause (a) (b) OTI OTERTY ONLY ONLY ONLY ONLY OF THE TOTAL OF THE T	
sicro sicro al, c	(c) Severe coronary arteriosclerosis. Wears	3
requires that the death certificate be executed within 24 g physician. It is signed by the attending physician and campletely filled burial-fransit permit. Then please remave carbon papers burial, crematian, ar removal, and in any event, within 72 governal.	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
w re ding een een the l	NO	
lav fendi is be as f	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
PHYSICIAN: The law re e hospital ar attending his certificate has been stached far use as the Dept of Health priar to	YES NO CAUSES OF DEATH?	
IAN: ol ar ficate far u Heal	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 ar Part 2, Item 18)	
A felicitation of the	■ 3 □ OK COMPRIBITING □ CAUSE OF DEATH HOME AW WOULD DON JOOL	
G PHYSIC the hospit this certi detached e Dept of		e
he he this sector of the De	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LDCATION Street or R.F.D. No. City or Town County State of work of work	
OR ATTENDING PHYS be retained by the hos JIRECTOR: After this ce e 3 shauld be detache ed with the State Dept	22a   certify that (1) (this haspital) attended the deceased from 1-19, 19, 69a 1-13, 19, 69, that (1) (we)	fast
ed led lid lid lid lid lid lid lid lid lid li	saw the deceased glive an	the
T in	couses stated above, (1) (we) (did nat) view the body after death	
REC 3 s s I will	ATTENDING FOR MED STAFF DI MAN SIGNED	7
y by by	22d PHYS (IANS)  122e ADDRESS 5 201 COND. AND DISCORDED PHYS LITTLE PHYS LITTL	
RAI Pe	PHYS (IANS NAME (Type) STANLEY M. SILVERBERG 22e ADDRESS 5201 Conn. Ave., N. W. Washington, D. C.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-translated by the state Dept of Health priar to burial, creditions.		
H gg C in sky	230 KRA (REMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City of Town) (County) (Stoje) Suitland Md.	
F = 0	24 FUNERAL DIRECTOR RObert A. Pumphredyress 250 RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE	
VR A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	7557-Wisconsin Ave., Bethesda, Md. DAJAN 17 1969 Clientes Judge	
4.7	Unacritic to 1000 f	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3115 4 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle deoth. 20 DATE OF DEATH death. (Type or print) MAUDE cote be executed within 24 hours after 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years last birthday) MONTHS DAYS HOURS 8-27-18 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED F DIVORCED [ Virginia 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita. 120 JSUAL OCCUPATION (King of work done give street address) during most of working life, even if retired) remove carbon INDUSTRY Dept of Agriculture, S. Gov't ond in any event, 130 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before. 13c. CITY OR TOWN 13e STREET AND NUMBER 138 INSIDE CITY L<sup>®</sup>Mats? adm ssian) STATE 14 FATHERS NAME S MOTHER'S MAIDEN NAME First Last Luther Lane Pocohonias Saffer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANIMT. Luther Lane Yes, no, or unknown) ( flyes give war at dates of service) signed by the attending physi buriol-transit permit. Then pl buriol, cremation, or removal, 215-36-5672 7405-River Road., Bethesda, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ( and 10 - 105 DIVATOR. h1-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) Dar Kunsun 15 rise to immediate couse (o) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse( 9 eneralized arterioschood PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO K YES [ 2 g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY ( AT MOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from Sept , 1953, to 1954, that (1) (we) last be retained by saw the deceased all your 9.113m 1964, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated obove/(t) (we) (did) (did not) view the body after death. 22b SIGNATURE ATTENDING DEGREE lirector, page hould be filed DIRECTOR PHYS 7801 NORFOLK AUG 22d PHYSICIAN'S 22e, ADDRESS m wym m p. NAME (Type) DEMY ENDID, MBRY LAND ZULTO 23g BUR AL CHEMADON X 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) REMOVAL (Specify) Md. 1-13-69 Parklawn Cemetery Rockville Montg. 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR Robert A. Pumphrengoress 256 RIGISTRAR S S GNATURE 7557-Wisconsin Ave., Bethesda, Md.



~ /	MARILAND STATE DEPARTMENT OF HEALTH
CM .	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
P	O1152 CERTIFICATE OF DEATH J1148
를 그건를	DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
heurs after deoth.  by the toges, and 2 haurs after deoth.	(Type or print) Edith Ekine Larkin Month Day Year 937
The second	S. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 MEAR   IF UNDER 24 MRS
heurs after de tope to by the tope s. Pages, in hours after principles of the pages.	Camala last bithday) Manins DAYS MOURS MIN
urs Pa	
25.5	MORKIED DA NEVER MARKIED
n 24 pope hin 72	Md
	0. CITY OR TOWN OF DEATH  11 NAME OF MOSPITAL OR INSTITUTION (If not in hospital during most of work no life, even if retired)  12b. KIND OF BUSINESS OR during most of work no life, even if retired)  11b. LSTRY
and the state of t	Takoma Park Wash Jan & Hosp during most of working life, even if retired) IND. STRY Church
pple ca	30. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13" (CITY OR TOWN 30 MSDE CITY UMITS) 13e STREET AND NUMBER Admission) STATE 13D (QUNTY 13D QUNTY 13D
COT COT	Ma Montgomery Takoma lark & "   8001 Flower Hop
nd rem	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
n o n o d in d in	Clyde Sehull Edith Hevener
icio on on	16a. WAS DECEASED EVER N U.S. ARMED FORCES? Yes(n), ar unknawn) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17 INFORMANT
equires that the death certificate be executed with physician. signed by the ottending physician and completely burial-transit permit. Then please remove carban burial, cremation, or removal, and in any event, with	Hospital Record
The The	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVA. BETWEEN DIVISIT AND DEATH
offi ii:	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain tomor - gliomatous type
de other	DUE TO, OR AS A CONSEQUENCE OF
the critical and the cr	Canditions, if any, which gave )
y the	rise ta immediate cause (a), (a)
ss the cigar of th	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
uire hysi gne gne urio	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the hospital or ottending physician.  DIRECTOR: After this certificate has been signed by the ottending physician and complete 3 should be detached for use as the buriat-transit permit. Then please remove called with the State Dept. of Health prior to burial, cremation, or removal, and in any event	TAKE 2. OTHER SIGNIFICANTS CONDITIONS CONTRIBUTION TO DEATH BUT NOT RECALLED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)
din thr	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law ottendin has been see as the th prior t	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
트 은 등 음독 🏄	7ES NO
al al al for Hec	
Story Sport	[If either, notify medical examiner) P.M. 19
HY ho och och ept	21d. INJURY OCCURRED While Not while 121e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. (Ity or Town County State
the det the O	at work at work
Place by Stote	22a. I certify that (I) (this haspital) oftended the deceased from
ed ed he he	saw the deceased alive an
<b>■ F</b> = <b>5</b> € €	
M. S. C.	ATTENDING WED STAFF STAFF
MDO)	22d. PHYSICIAN'S NAME (Type) T. H. LUNDSTROM MD 22e. ADDRESS OO Carroll Ave. Takoma Fark
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled ut by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are also as the burial transition.	
E Page of Shoot of Sh	REMOVAL Spectry 230 DATE 230 NAME OF CEMETERY OF CREMATORY CLORALLY CLORALY CLORAL CLORAL CLORALLY CLO
5 5 00	
VR A15	Machine hallen and Manual Me
45M 1 X 189	James Pollary 254 Carras of 1000 - DATE



<i>~</i> ) _	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	49
-	01153 CERTIFICATE OF DEATH	
€ = = 2.€	I DECEASED NAME  {Type or print}  Anoth Dox	2b. HOUR
death.	MAKE LAKUE JEN 15	(BOT 7'S M
	3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER	
V 1 € 10/12	MALE WHITE 8,31,51 lost birthdoy) YRS MONTHS	OAYS HOURS MIN
a de la companya de l	70 BIRTHP ACE (Stote or foreign country) 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
in 24 ho iifed in papers.	Maring Course C. S. H WIDOWED DIVORCED   1100/14, 00112 -	Md
campletely filed in by ave carban papers. Pay y event, within 72 haurs	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita. 120 USUAL OCCUPATION (Kind of work done / 12b. )	(IND OF BUSINESS OR
eccted with campletely ave carban y event, wit	Gethes Dit	SIRY
Impletive carl	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. C.TY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
ecc.	odmission) STATE 13b COUNTY I many Silvia Spring YES NO 7 22 Woodhang	5 ER 12
D W B	14 FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	Łost
ate of icidin are lease rate and in	ROBERT E LARGE MARY V. FITZS	IMMUNS
physician phase and and and	160. WAS DECEASED EVER IN S ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of sanvice)	
Phy en aval	NO RILS, MARY V. LAKUE, MO - HER	
he death certific	18 CAUSE OF DEATH (Enter only one couse per line for to), (b) and (c)) PART I DEATH WAS CAUSED BY.	APPROXIMATE NEEVAL ETWEEN ONSET AND DEATH
end mit.	IMMEDIATE CAUSE (0) Lispenson Failure	
he o	4'// X DUE TO, OR AS A CONSEQUENCE OF C	
the the matric	(conditions if ony, which gave) (b) Suffice thermonetis	
tray creat	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
equires tha physician. signed by burial-tran	lost (c) Orphinga.	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
iw rading een the tra	E Circhal Carsy Nevere	
PHYSICIAN: The law requires that the death certifice hospital at attending physician.  His certificate has been signed by the attending phystached far use as the burial-trans, permit. Then been af Health priar ta burial, crematian, ar remayal	190. DATE OF OPERATION 196. CONDITION FOR WHICH PERATION WAS PERFORMED 200 AUTOPSY?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 1216 TIME OF INITIRY 1216 HOW INVITED OCCURRED. (Enter polytre of invitor in Port 1 or Port 2 from 182)	D IN CERTIFYING
The rath of the plant of the pl	YES NO CAUSES OF DEATH?  210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Finder polytre of injury in Part 1 or Part 2 Item 18.)	
AN: al ar ficate far us Healt	3 LO ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) HOUR A.M. Month Day Year	
PHYSIC hospit is certificated fached	[If either, notify medical examiner]   P.M.   19	
DING PHYSICIAN: by the hospital ar ifter this certificate be defached far u State Dept. af Heal	21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, SIREET, FACTORY.) 21f LOCATION Street or R.F.D. No. (Ity or Town County of work)	Stote
the part of the Date Date D		.1 . 443 4 3 4
DIN I by Affer I be Stal	22a. I certify that (1) (this hospitul) attended the deceased from	, that (I) ( <del>we)</del> last
ATTENDING etained by th CTOR: After t shauld be d	causes stated above, (1) (we) (did) (did not) view the bady after death.	noor ond nom me
OR ATTEN be retained DIRECTOR: A e 3 shauld ed with the	22b. SIGNATURE 22c. DAJE SIG	NEB
ALOR by be re L DIRE crose 3 filed w	VINCENT & Connect DEGREE ATTENDING DIRECTOR DIAFF DISTANCE 1/15	169
TAL Nay AL Page e fill	22d. PHYSICIAN'S NAME (Type) VIA' CENTL CONVIEW 5415 H. CEDER LA. BETHE	5. 1 M2 N
SPI 4 n VER Var,	The state of the s	Sp/7/11. D.
Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be defached far use as the shauld be filed with the State Dept. af Health priar ta	230 BUR AL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d 10CAT ON (City or Town) (County or Town)	y) (Stote) 11.
5 5 5 V	CALINITION -11-1404 CERTE ATLL CALIFICAT STATEMENTED	CABLES COMA
VR ALSTA	24 YONERAL DIRECTOR CALLETES SING, INCADDRESSES 30 USE 250 JANY 21 Q TRAIS 69 256. REPSTRATES SONTI	No. Day
45M - NOW	FVF. N.W. WillSite D.C. DATE	

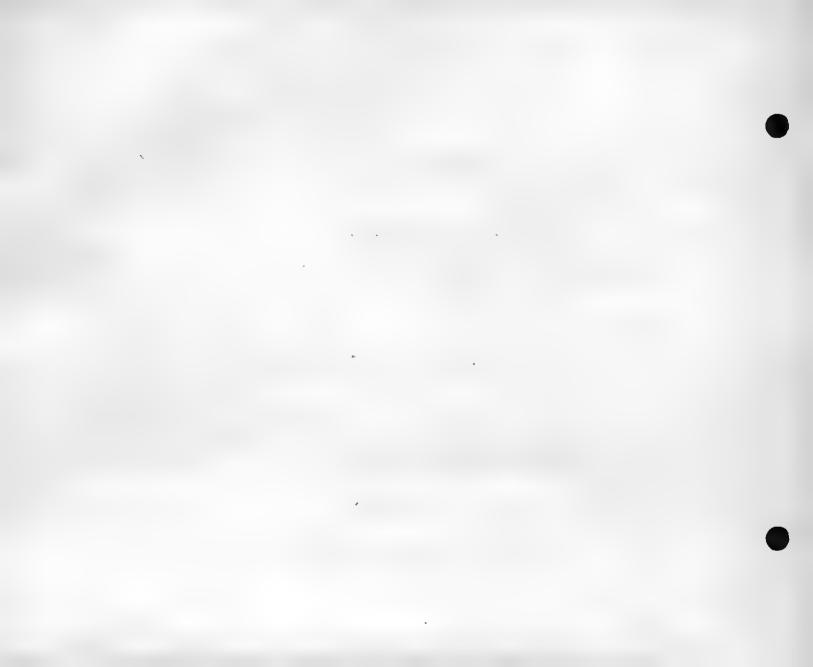


		MARYLAND STATE DEPARTMENT OF HEALTH	
		0115 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	150
	1	CERTIFICATE OF DEATH	
4 - 24		DECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
deat and deat		(Type or print) John Edward Leonhart Month Doy Yeo	9 7 PM
fun fun	3 5	SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER )	EAR IF UNDER 24 HRS
the the softs		male white 6-6-93 lost birthday) YRS. MONTHS I	DAYS HOURS MIN
hours after death. in by the funeral ers. Pages 1 and 2 2 hours after death.		O. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED DE NEVER MARRIED TO P. COUNTY OF DEATH	
d c c c c	(00	ountry) Pa. Amer WIDOWED DIVORCED Montgomery	Md
fifted in	10	O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUA, OCCUPAT ON (Kind of work danger 12b KIN	D OF BUSINESS OR
TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death ined by the hospital or attending physician.  DR. After this certificate has been signed by the ottending physician outh completely fitted in by the funeral ould be detached for use as the burial-transit permit. Then please tempore corbon gapers. Pages I and 2 is the State Dept. of Health prior to burial, tremation, or removal, and in any event, with the other death is the State Dept.		Takona Park. Washington, San + Hosp. during most of warking the evenut retired of INDUSTR	
ed velocities (correct)	130	30 USUAL RESIDENCE (Where deceased lived; it institut on Residence before 13c (ITY OR TOWN) 13d MISIDE CITY LIMITS? 13e STREET AND NUMBER	ZII ALEKU
ord com let	duii	dissiding STATE Md. 13 France Leorges Hyattsvitte YES NO 164 Che.	
ony ev	14	4 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
200.5		Edward Leonhart unknown.	
equires that the death certificate be physician. signed by the ottending physician burial-transit permit. Then please burial, cremation, or removol, and it	1.	6a. WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO  17. INFORMANT  Address.	
phy en ovo		Mary W.W. ] 1216-40-8843 Med. Yees173 - Work. San. H	०५०,
9 L	П	18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c) )  PART I. DEATH WAS CAUSED BY-	PROXIMATE INTERVAL FEEN UNSET AND DEATH
endi nit.	П	IMMEDIATE (AUSE (a)	
off off ion,		Conditions, if any, which gave)  DUE TO, OR AS A PONSEQUENCE OF Conditions, if any, which gave)	
the the mat	П	rise to immediate course (o)	
ra by Br	П	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ysic ysic niaf- rial.		last. (c)	
s sign pho		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDIT ON GIVEN IN PART 1(a)	
ding ding the	NO	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED	IN CEDILEVING
ds the property	FICATION	YES NO CAUSES OF DEATH?	IN CERTIFFING
PHYSICIAN: The low rethe hospital or attending this certificate has been detached for use as the begt. of Heolth prorto	EE .	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
fical for He	3	CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	
ospin centured to other	MEDICAL	If either, notify med collexominer   P.M. 19	State
PHY his his be		While Not while (OFFICE BUILDING, ETC.	21016
N Y Th		at work at work 22a. I certify that (1) (this haspital) attended the deceased from 12/1/2, 19 68, to 1/4, 19 9, 19	tho! (I) (we) lost
d b d b d b s s s s s s s s s s s s s s		sow the deceased glive an 1/4 19 and that ind myl (out) appain a death occurred on the date and by	
O O O C C C C C C C C C C C C C C C C C		causes stated abaye, (I) (we) (did) (did not) view the bady after death.	1
RECI WITH	1	226 S GWA) JRE . Male and 1011 9 was ATTENDING MED STAFF 226 DATE SIGNE	69
L OR be r be r be r be r be r be r billed w		22d PRISICIAN S 22e ADDRESS  22d ADDRESS	
Moy RAL RAL		NAME (Typy) (m/s/H/land, Olanus m) 22e ADDRESS	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be tiled with the State Dept. of Heolith pr or to burial, creating the purial of the state of the burial.	1	30 BURIAL CREMATION 234/DATE 230 MAINTOF VEMETERY OR CREMATORY 234/LOCATION (Cty of Town) Mounty)	_ (State)
Seg.	230	REMOVAL (Specific) 244 9 1969 (Delay Aille Austrand City of Town)	701
	24.	ADDRESS P) / 250 REGISTRAR 230. REGISTRAR 3 SIGNATURA	11:65
30M REV. (15)		Hother halters) 254 Gereal St this 8 1969 (Charles)	redge.
11.51			

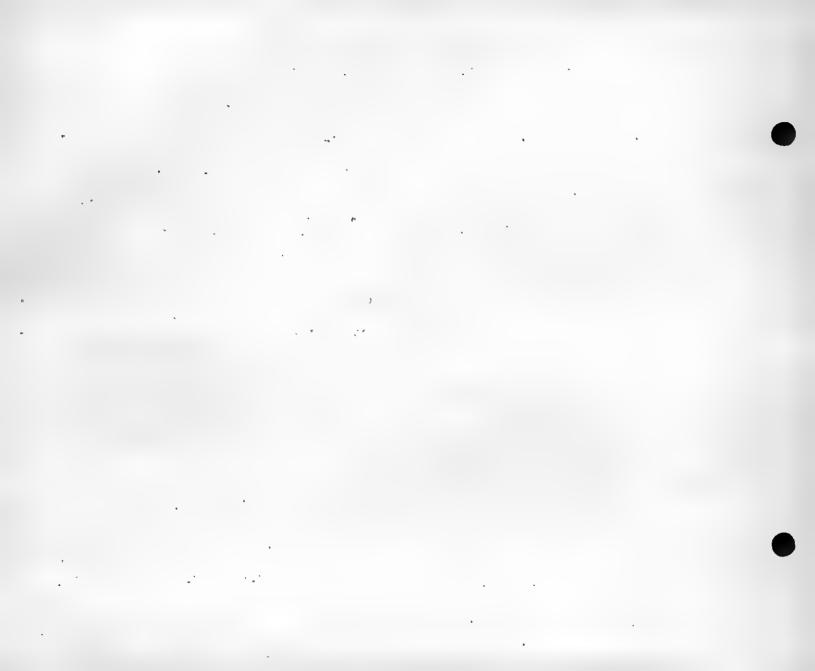


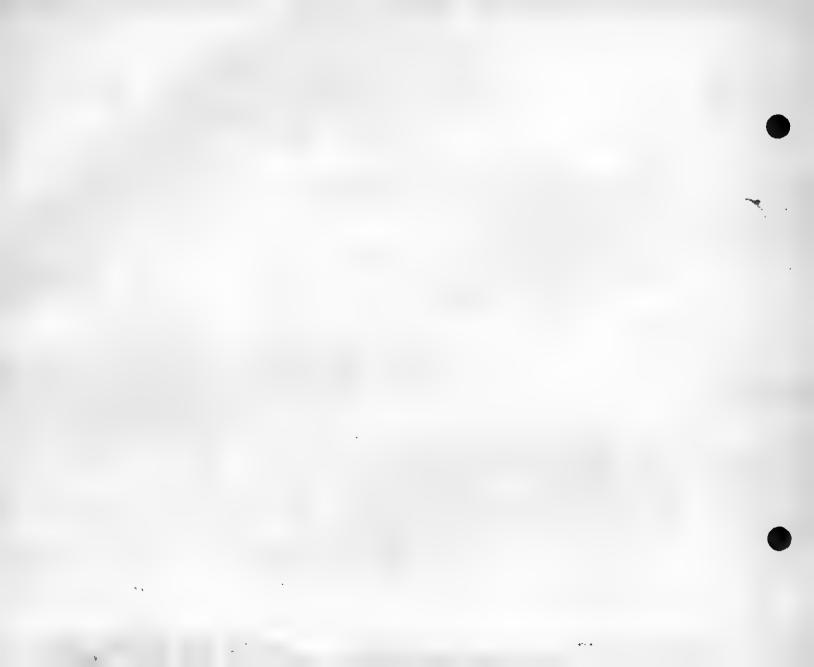
1	1	MARTIAND STATE DEPARTMENT OF HEALTH  1155 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Year 2b HOUR Type or Print)
any delay is 2, and 3 to PM3. Page		Gertride Agnes Lexeen DEATH MATED 1969 7A M
oth any delay vages 1, 2, and 3 th factor PM3. Pog	3 5	less birthday) MONTHS DAYS HOURS MIN Month Day Year
P. Agranda		male White 8-8-99   69 YRS.   1 - 12 1969   74 M
	CODE	otry)
(	10.	MINNESOTA USA WIDOWED DIVORCED MONTGOMERY Md
	Ψ.	kome Perck   give street address)   Mashing ton San & Hosp   during most of working life, even fretired   INDUSTRY
hour after de feet 18. Give I Office along w land 2 with the after death.	30	USUAL RESIDENCE (Where deceased 19'ed, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 3e STREET AND NUMBER
	L	dmission) STATE Md //3b_COUNTY George & Wyattsville YES NO [ 8223 14th Ave.
Jond 2 Office	14.	ATHERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle Lost
Z = Z Z Z		CHARLES PANEY CATHERINE LAVELLE
be executed within 24 "pending" in pencil (in nief Medical Examineks ansit permit. File pages event within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no oil Julknown)  (If yes give wer or dotes of service)  (If yes give were or dotes of service)  (If yes give were or dotes of service)
with per Exam File 172		100 ROBDIORI ORRIG.
be executed "pending" in nief Medical E nnsit permit. F event within		18. CAUSE OF DEATH (Enter only one couse per line to: (q), (b) ond (k)) PART I. DEATH WAS CAUSED BY.
xec ndin Medin perr		143/0 DUE TO, OR AS ACONSEQUENCE OF CO.
be e "per iief J msit ever		Conditions, if any, which gove)
shauld le word to the Ch turial-tra		nse to immediate couse (a).  stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
shauld be e ne word "per ta the Chief" burial-transit		lost (c)
1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	L	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (A)
rtifica riting rardec ed as val, a	NO.	196. DATE OF OPERATION 196 60 NOT ON FOR WHICH OPERATION 20. AUTOPSY?
s certification with forwar forwar emoval	CERTIFICATION	196. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 20. AUTOPSY?  WAS PERFORMED?  YES NO VENT
This ficote be f be f or re	CERT	21o. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
INER: Te certific should be files. 3 should assured intion, or	CAE	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19
XAMINER: te the certi ge 4 shauld yaur files. 'age 3 shau crematian,	MED	21d INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f LOCATION Street or R.F.D. No. City or Town County Stote
DEPUTY DICAL EXAMINER: cessory, please execute the cert effuneral director. Page 4 shault may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation.		AT WORK AT WORK
		22a. I certify that) took charge of the remoins described above/held on Autopsy, Inspection Z, Inquiry Z, and in my opinion
		death resulted from Natural causes Accident Suicide , Homicide , Undefermined manner
please directive retaine.		ACTUAL SIGNATURE ACTUAL
UTY, ory, berg be pri		SIGNATURE CONTINUE OF THE STATE
necessory, please exthe function of the functi		NAME (Type) = CLD (A) ADDRESS (QUELT (INTERNAL OF COUNTY)
10 mm me	230	BUR AL CREMATION, 23b. DATE 23c. NAME OF COMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
		REMOVALISPECTY) 1/15/1969 Sate of Heaven Whaten which
VR ATSME (5)		FUNERA DIRECTOR  SIN AUTOMO 16 DATE NO 250 RECTO BY REGISTRAR 5 STONY RECTOR ADDRESS OF THE PROPERTY OF THE PR
10M REV 1/8	L	NC 20016 DATE

1.1	0 1 1 5 0 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
1	CERTIFICATE OF DEATH								
£ _2£		ECEASED-NAME First	Middle	•	Last	2a. DATE OF D			2b. HOUR
er deoth. funeral s 1 and 2 ter death.	(	(ype or print) Charle	les Wi	llian	LIENAU		Month Day	Year 69	10:45 M
ter s 1 fer	3. SI	X	4 RACE		S. DATE OF BIRTH	6	5. AGE (In years last birthday)		IF UNDER 24 HRS. HDURS MIN
rrs afte y the f Pages urs afte	L	MALE	CAUC.		10/22/03		65 YRS.	monins ( DA13	HOUKS MIN
4 hours after in by the fur sers. Pages 1		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		ED NEVER MARRIED	9 COUNTY OF D	EATH		
in 24 in 24 in 72 in 72	<u> </u>	NEW GORK	USA	WIDOW		14007	Comery		Md
within 24 hours after deoth filled in by the funeral bon pasers. Pages 1 and 2, within 72 hours after death		CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL give street address)		during	SUAT OPEDPATION (I	e even if retted )	12b. KIND OF B INDUSTRY Lectror	usiness or
	130	USUAL RESIDENCE (Where decease	CH0/4 6	Pass		SELF EM,	PLOYED- C	sectror	C PRINCE
Completed to ye even	adm	issian) STATE M.	136 COUNTY MORTS.				20 2055C	POET I	000
and communications of the communications of	棉	FATHER S NAME First		.ost	15. MOTHER'S MAIDEN NAM		Middle	7, -7 , 4-	Last
be ex		Charle	4 h	ienau, S	1	Mary	00 po	1	10Manus
ate icior leos ond	160	WAS DECEASED EVER IN U.S. ARME	FD FORCES? 16h SOCIAL SEC		7 INFORMANT		Address Po	ckville	
e deoth certificate by otherding physicion operation. Then please on, or removol, and it		(es no, ar unknawn) (If yes givii wa	061-01	-5522	Laura G. Liei	ан 15230	Rosecroft	Road	
ing process		18 CAUSE OF DEATH (Enter anty	one cause per line for (a), (b), a	nd (c).)	,	1		APPROXIM BETWEEN ON	ATE INTERVAL SET AND DEATH
endle of r		PART I. DEATH WAS CAUSED IMMEDIAT	TE CAUSE (0) Klemes	reing	2, Clackra	-		24	hys:
he off per Hon,	1	70/0	DUE TO, OR AS A CONSEQUEN	CE OF					
t to the state of		Canditions, if any, which gave a rise to immediate cause (a),	(b)	CT OC					
TENDING PHYSICIAN: The law requires that the death certificate be executed within its day the hospital or attending physician.  R: After this certificate has been signed by the ottending physicion and completely filled by the State Dept. of Health prior to burial-transit permit. Then please remove carbon per the State Dept. of Health prior to burial, cremation, or removol, and in any event, within the State Dept. of Health prior to burial.		stating the underlying cause	DUE TO, OR AS A CONSEQUEN	Muse	Buch			1-2	yes:
ohysi igne uriol		PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH			OR CONDITION GIVEN I	IN PART 1(a)		
ng property rections to be	8								
AN: The law rail or attending cate has been or use as the Heolth prior to	18	190 DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION V	VAS PERFORMED	200 AUTOPSY?		ES, WERE FINDINGS CO	INSIDERED IN CE	RTIFYING
The set of	CERTIFICAT				YES NO		OF DEATH?		
AN: of old for the		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		Year 21d	HOW INJURY OCCURRED (E	nter nature of injury	in Part 1 or Part 2, 1	tem 18.)	
Signature of the spirit of the	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examine 21d. INJURY OCCURRED 21e, F	er) P.M	19	ACCITION CO. DED	Al C	_	f	/h-h-
by the hospirater this certification of the post of the certification of the properties of the post of		111.10	PLACE OF INJURY ( AT HOME, FARM, ST OFFICE BUILDING, E	(C / (C (OK), )	LOCATION STREET OF K.P.D.	NO. LITY OF	r Tawn	County	State
N H H H H H H H H H H H H H H H H H H H		of wark of wark 22a 1 certify that (1) (this	s hospital) attended the de	reased from	Jun 4 19	169 to Qu	K21 5 19	69 that	(I) (we) Inst
NDI NDI NDI NDI NDI NDI NDI NDI NDI NDI		22a I certify that (I) (this saw the deceased ali causes stated abave,	ve an Jan 5	1967	and that in (my) (our) (	pinian death ac	curred an the dat	e and haur o	ind fram the
TI Aging the that the that the that the the the the the the the the the th		causes stated above,	(I) (we) (did) (did nat) viev	the bady att	er death.			AJE SIGNED	
REC 3 S 3 S 3 S 3 S S S S S S S S S S S S		220. SIGNATURE CPLA	Trutt In	- A . D	EGREE PHYS.	MED DIRECTOR	STAFF PHYS.	6/69	<b>y</b>
AL O		22d. PHYSICIAN'S NAME (Type) A. WI					RGIA AV	2	
ERA ERA Or, P		NAME (Type) A. DVI	PMITH			LLHPAT			
TO HOSPITAL OR AFTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be tiled with the State Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept.	23a.	BURIAL, CREMATION, 23b D.		ME OF CEMETERY		23d. LOCATION		(County)	(State)
5 5 5 gr	1_	2. // // AL _			n Cemetery	Pris	ice George	s, Md.	
VR A15 (4) 30M REV, 146R	1		ey. Inc. 8434 G		Spr., Md 250 55	MY FG TRAPS	25b REGISTRAR S	Can Can	Case .
Contract Contract	NG	ir ier E. Piriphre	ey, Jiv. 04)4 9	europa 1	HOEKLINE DATE		1 0	1	7



			MARYLAND STATE DEPARTMENT OF HEALTH	
Î			3115. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1150
-	_		CERTIFICATE OF DEATH	1153
를 <u>-</u> 24		1 DE	CEASED-NAME First Middle Lost 20. DATE OF DEATH  OBERT POINT  A Month Day	2b HOUR
dea	- 1	(1	pe or pnnt) Ellen H Lindman 1 - Month Bay	1969 7 M
تَوْرِيْ فِي الْمِوْرِينِ فِي الْمِوْرِينِ فِي الْمِوْرِينِ فِي الْمُوْرِينِ فِي الْمُوْرِينِ فِي الْمُوْرِينِ		3. SE		JNOER 1 YEAR F JNOER 24 HRS.
s aff			Female White 10-27 1912 56 YRS.	MINS ONES MUN.
TOOL DOOL		7o B coบท	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
d in pers	L		"Mew York   AM eyca USA   WIDOWED   DEADNORCED   1001 CON	rery Md.
within 24 haurs after death ely filled in by the found ban papers. Pages 1: and 2 within 72 hours after death	3		TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work in the every if retired)  11. VEL Spline  12. USUAL OCCUPATION (Kind of work done during most of working tite, every if retired)  12. USUAL OCCUPATION (Kind of work done during most of working tite, every if retired)	126 KIND OF BUSINESS OR INDUSTRY ( Learname Co
a drift	ŀ		USJAL RESIDENCE (Where declared hyed, if institution Residence before 13c CITY OR TOWN. 13d INSURERY MITS? 13e STREET AND NUMBER	Zelfame
cample of the complete of the		odmi	issua) STATE Md 13K COUNTY Prince Gear Hyai HSVIlle YES NO 1600-42 No	Auc.
be exe n and e rem	*	14. F	Styler's NAME First Middle Clast Is MOTHER'S MAIDEN NAME First Middle Lost Lillian Mile Hill Middle	Last
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital ar attending physician.  ORECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral et 3 should be detached for use as the burial-transit permit. Then please remove-carban papers. Pages 1: and 2 ed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death.	ĺ		WAS DECASED EVER IN U.S. ARMED FORCES?  as, no. of unknown)  [It yes give wor or dates of service)  78104037  Lenn Ll. Lindman new Car	rollton Ind
he death certific s attending phys permit. Then p	ľ		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ath ndin it.			PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Acute Bronchopneumonia	3 wks.
after erm			44 9 V DUE TO, OR AS A CONSEQUENCE OF	
the particular properties			Conditions, if ony, which gave) Pulmenary emphysema	3 yrs.
that in. by t by t rans			rise to immed of the course (o).  Stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	
res sicio led al-h			lost. (c)	
phy phy sign buri buri			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ing sen sen sen rta		8		
lay		CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
The rath sha ha	A	H F	AFZ NO NO	10.)
AN: ol a cata icata Far Hec		2	21a ACCIDENT WAS UNDERLYING  21b TIME OF INJURY  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iter  OR CONTRIBUTING CAUSE OF GEATH  HOUR A.M. Month Doy Yeor	n 18.)
SICI spit spit spit erfif ed		MED.(	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM, STREEF, FACTORY, 12 LE, LOCATION Street or R.F.D. No. City or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhaufd be filed with the State Dept. of Health priar ta burial, cre-			While Not while at work at work	
IN by the fifer state	ı		22a. I certify that (1) (this haspital) attended the deceased from 3 1600, 1969, to 16 900, 1960 saw the deceased alive on 1960, and that in (my) (aur) apinian death accurred an the date	L, that (I) (we) last
END ed led l			saw the deceased alive on	and haur and fram the
Table to the state of the state			22h SIGNATURE 22c. DA	TE SIGNED
TREG				- 18-69
AL O	ы			
O HOSPITAL OR ATTENION Page 4 may be retained o FUNERAL DIRECTOR: A director, page 3 should should be filed with the				
HO Jack		23a.	00 . 5) . 7	(County) (State)
5 g 5 g		04	Romara   Lian 21, 1909 Prive Functal number	
VR A15 (4) 30M REV 1/6	8	24	F. Gasch's Sons Hyattsville Md DATE PARTITION 250 RESTRICTOR 250 RESTRICTOR PARTITION OF THE PROPERTY OF THE PARTITION OF THE	all all



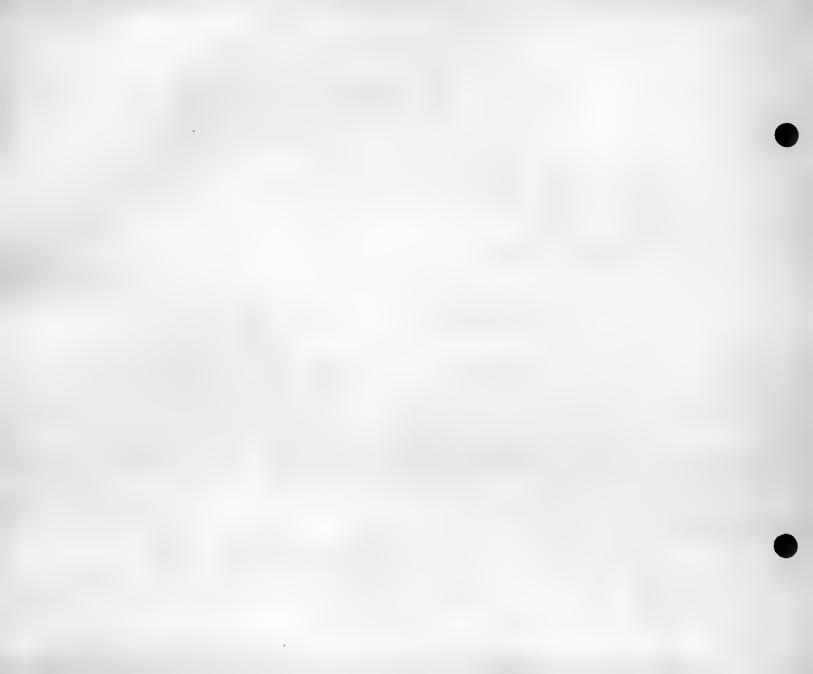


££

•	1	01100	Dunel	ON OF 1/13			EPAKIMENI UF				
1	T	ten6 FilmG40	ונועוט 20 ד 20	/60 bb			STON STREET, BALT TE OF DEATH	IMORE, MARYL	AND 21201	. 15	S
= + d =		ECEASED NAME	First	, O , NY	Middle	HIFICA	last	2a. DATE OF DEA	Tu		Zb. HOUR
to 200		(vne or print)	Gregor	V	Alan	Loh	r,Jr.	Jan	Heath Davi	1 969	ZD. HUUK
La E	3. S		4. RAC				DATE OF BIRTH		AGE (In years	The same of the sa	UNDER 24 HRS.
E 253		Male	1	White			4 4	2,1969	st birthday) YRS.		IDURS 3 MINE
by Pours	7a.	BIRTHPLACE (State or fareig	n 7b, CITIZ	EN OF WHAT	COUNTRY? 8. L	ARRIED	NEVER MARRIED	9. COUNTY OF DEA	TH		
in 24 hours filled in by papers. Pa		Md.	Vigo	r Easi	i∉ry w	DOWED [	DIVORCED		gomery		Md
within ely fille ban pa within		CITY OR TOWN OF DEATH					n hospital 12a USU Spital during m	AL OCCUPATION (Kin last of warking life,	d of wark dane even if retired.)	12b. KIND OF BUINDUSTRY	SINESS OR
physician and campletely filled in by the tune of physician and campletely filled in by the tune of physician and campletely filled in by the tune of physician and campers. Profession pages. Profession pages and in any event, within 72 hours are gean avail, and in any event, within 72 hours are gean.	13a. adm	USUAL RESIDENCE (Where issian) STATE	deceased lived, 13b. (	if institution. OUNTY On Eac	Residence before 13c				AND NUMBER Talbot	t St.	
ony any	14.	FATHER S NAME First		Middle	Last		OTHER'S MAIDEN NAME		Middle		Last
Se rid in a	L	Gregory	/ A1	an	Lohr		Glor	ia Dea	an i	Dennis	
sicio plea , an		WAS DECEASED EVER IN U. (es, no, or unknown)   (III)	.S. ARMED FORCE les give war or dates of		SOCIAL SECURITY NO	17. INF			Address	,	
phy phy lava	-						nother		<i>a</i> :	A B O J C	
law requires that the death certificate hading physician. been signed by the attending physician is the burial-transit permit. Then please iar ta burial, cremation, ar remayal, and		18. CAUSE OF DEATH (En PART 1. DEATH WAS	CAUSED BY	2	ir (a), (b), and (c).)	1 de	1:			BETWEEN DISE	AND DEATH
dea tren grmin n, ar		7740	AMEDIATE CAUSE	(0)	CONSEQUENCE OF	erac	esi				
the a		Canditions, if any, which	gave)	(b)	CONSEQUENCE OF						
that In. by t rans rem		rise to immediate cause stating the underlying o	e (a), { guse( DUE		CONSEQUENCE OF						
equires that the physician. signed by the burial-transit burial, cremati		last.	)	(c)							
sign bur		PART 2. OTHER SIGNIFICAL	NT CONDITIONS (	ONTRIBUTING	TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE OR	CONDITION GIVEN IN	PART 1(a)		
SICIAN: The law respected or attending perificate has been sed for use as the bear af Health priar tab	NO	19a. DATE OF OPERATION	Tion COMPLETION	I COD WILICH (	OPERATION WAS PERFOR	AED.	nn AUTONOVA	DOL IS VES	WEDE SIMDINGS CO	MICHDERED IN CERT	Iranio
The la attent that has be as the pridate of the pri	CERTIFICATION	170. DAIL OF OPERATION	17b. CONDITION	TOK WHICH C	PERATION WAS PERFOR	NED.	20a. AUTOPSY?  YES X NO	CALIFEE DE	WERE FINDINGS CO DEATH?	MRINEKEN IM CEKI	IFTING
or or or self-		21a. ACCIDENT WAS UND	ERLYING 216	. TIME OF INJ	URY	21c. HOW	INJURY OCCURRED (Ente	- 1	Part 1 or Part 2. It	em 18.)	
CIAI iital iifa iital iital iital	MEDICAL	OR CONTRIBUTING CAUSE (If either, natify medical	DF DEATH HO	UR A.M M P.M.	anth Day Year 19		,-		, ,		
PHY ne ha his c	ME	2 d INJURY OCCURRED While Nat while at wark	21e PLACE OF			21f. LOCA	TION Street or R.F.D. No	ı. City ar T	awn	Caunty	State
ATTENDING stained by the CTOR: Affer the shauld be delight the State		22a. I certify that (	l) (this haspit	al) attende	ed the deceased fi	am	, 19	, ta	, 19	, that (I	) (we) last
END led   lid   lhe S		saw the deceas	ed alive on.	) (did) (did	nat) view the bady	, and t	hat in (my) (our) ap	inian death accu	rred an the dat	e and haur an	d fram the
ATT ATT Shair shair		22b. SIGNATURE	, (i) (we	(did) (oil)	A /	1	/		22c, D	ATE SIGNED	<del></del>
OR be red weed w		Lea	mus 1.	1/10	cran II.	DEGREE		MED ST.	AFF D /-	13-69.	
TAL TAL AL I Pag Pag		22d. PHYSICIAN'S NAME (Type)		7 1/			22e. ADDRESS				- 1
ro Hospital Page 4 may ro Funeral I director, pog should be fil	00	NAME (Type) Se		P. IVU		. D.		Pershing		ver Sp.	md.
D KC age of FU direct	230.	BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE	(0	23c. NAME OF CEME		EMATORY	23d. LOCATION (C	ity or Town) Llle, Maj	(County)	(State)
5-5	24.	FUNERAL DIRECTOR	1/17/		Rockvill ADDRESS		2Sa. RECID I	V PSGISTRAR 1965			PL.
30M REV 1/48	T	yson Wheele	r 1331	Rocky	ville Pike	, Ro	ck. Mone JAT	1 2 1 13 P	1	1	



0 1	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 2a DATE KNOWN Month Day Year 2b HOUR
is to to	(Type or Print) Charles Joseph Loy DEATH MATED & Jan. 6 1969 6 5 M
lay is 3 to Poge	3 SEX 4 RACE S DATE OF BLOTH 6. AGE (In years I F UNDER 1 YEARS 12. DATE PRONOUNCED DEAD 2d HOUR
M3. dell	MONTHS DAYS MOURS MIN. Manth Jan Day 6 Year 1969 638
2, 2, P.	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
us ofter death 18. Give Pages 1, te along with form 12 with the State De	country) mayland 45A WIDOWED DIVORCED & Montgomery Md
Give Pages and with for the State of the Sta	10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (f nat in haspital during most of wark done 17b KIND OF BUSINESS OR during most of warking life, even if ret red.) INDUSTRY
we had	Delhasda Subutban Tour frieder
s offers 18. Giv along with death.	130 LSUAL RESIDENCE (Where deceased ved, funstitution Residence before 13c CITY OR TOWN 13d INSIDE CITY JIM 752 (3e STREET AND NUMBER admission) STATE 13b. COUNTY 3d 13b.
18 18 2 w 2 de	Mongomy Saunisburg 15 11-d-
hours Them 1 Office Tond 2	14. FATHER'S NAME First Middle Lost 15 MOTHER MAIDEN NAME First Middle Lost
	Olhert P Loy Telia Poole
within 24 penell in xoniners	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS Society of dates of service) (Yes, no, or use hope of dates of service)
with per per your your your your your your your you	14 519-05-187 Walter- margine Regard
70 .= -	18. CAUSE OF DEATH (Enter on y one couse per line for (0), (b) and (c).)
d be executed d "pending" ir Chief Medical 1 transit permit. I	IMMCDIATE CAUSE (a)
ex f M	Conditions, if any, which gove ) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) Treatment of the strength of
be he hier hier rans	(b) 1 / 2 Court (c) 1
da -jo	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
sho ne v o th buri	last. (t)
n ÷ + ¬	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
writing t writing t rwarded sed os a loval, an	10 CANT OF DESCRIPTION 10 CONSTRAIN FOR MARCH DESCRIPTION 10 CONSTRAIN
its certificate, writing to the control of the cont	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES NO. 1  21d EXTERNAL CAUSE WAS  21d TIME OF INJURY Month, Doy, Yeor  21d EXTERNAL CAUSE WAS  21d TIME OF INJURY Month, Doy, Yeor  21d EXTERNAL CAUSE WAS
e e e	YES NO.
正 つ 「 ち 、	
NES NES Shoulder Shoulder	PRIMARY OR CONTRIBUTING HOUR A.M. JON 6 1969 Walked in front from coronica on High way  [CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street 21f LOCATION Street or R.F.D. No City or Town County State  [State of the coronical county of the county of
토 친 수 는 이 분 다.	WHILE - NOT WHILE - loctory, office building, etc.)
	220. I certify that I toak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
= × . ~ a =	death resulted fram: Natural causes [], Accident [X], Suicide [], Homicide [], Undetermined manner []
ose rector on the property of	
TY, pled y, pled directed directed the prior t	ACTUAL OF BALL CHIEF MEDICAL EXAMINER ( 226 DATE SIGNED
Pri pri	SIGNATURE MID OF THE PART OF T
o DEPUTY DICA necessory, pleose e the funeral director 5 may be retained 5 EUNERAL DIRECT Health prior to bu	NAME (Type)  ADDRESS(Street, city, lown, or county)
necessory the funer 5 may b 6 FUNER Health	23a BURIA, CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d, OCATION (City or Town) (County) (State)
	Burial 1/9/69 Monocacy Bellsville Monty Mil
14.	24 FUNERAL DIRECTOR. / 4 / ADDRESS / 25a REC D BY REGISTRAR 25b REGISTRARS SIGNATURE
VR A15ME (5) 10M REV, 1/68	W.C. With Barnesvelle Ind. DAT IN 10 1969 Peliarles Vinde
FORT BLT. 17 OU	



_	MARYLAND STATE DEPARTMENT OF HEALTH							
//		0116 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
4	CERTIFICATE OF DEATH						01799	
€ =2€		FCEASED NAME First	Middle	Lost	Zo. ĐATE OF	DEATH		26 HOUR
dea and dea	,	Type or print) Julia	Alberta	Mahaney		Jan. 25	1969	2:300 M
fur fur fer frer	3 \$		4 RACE	S DATE OF BIRTH		6 AGE (In years		IF UNDER 24 HRS
s af		Female	white	May 8, 1	896	last-birthday)	MONTHS DAYS	HOUR) MIN
haurs after death.  In by the funeral  rs. Pages 1 and 2  tracts after death.	70.	BIRTHPLACE (Stote or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF	DEATH		
	100	ulash., D.C.	U.S.A.	WIDOWED DIVORCED [		tgomery		Md
	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital	20 USUAL OCCUPATION	(Kind of work done	12b KIND OF 8	USINESS OR
E = '		ilver Spring	gue street eddress) Ac	venue	Housewife	ife, even if refired)	own ho	HLP.
completely ave carba y event, w	13a	USUAL RES DENCE (Where deceased	I yed, if institution Residence before	13c CITY OR TOWN 13d IN	NS DE CITY LINE TS? 13e STE	REET AND NUMBER	Apt.	07
6 6 6	dom	ission) STATE Maryland	13b COUNT Montgomery	Sil. Spr. YES	<b>⋈</b> № 714	4 Sligo Avi	8.	
and con remave	14.	FATHER S NAME First	M:ddle Lost	15. MOTHER S MAJDEN		Middie		Lost
ate be exe		William	A. Parke		Martha		k	lamilton
ertificate b physician en please aval, and î	160	(H yes give wor	or dates of service)		44 4	Address		
phy:		710	yes	Michael J.	Mahaney 71	4 Sligo Av	e. Sil.	Spr/Md.
e death a attending permit. It		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b) and (c)	1/		-	APPROX MA	ATE INTERVAL SET AND DEATH
		PART I DEATH WAS CAUSED I		GESTIVE TEA	RT TAILU	r.E		05.
	ı	4024	DUE TO, OR AS A CONSEQUENCE OF	1/	1	Carp.	30.	1
the sift partitions		Conditions, if any, which gove a rise to immed ate cause (a),	(b)	HYPERTENS!	on Their	, ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	207	1/62
tha an. by ran ren		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF					
quires that the physician. signed by the burial-transit		last.	(c)					
phy sign buri		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION OF THE PART 1(a)						
ing en the	Z.	ODIABETES MELLITUS @ ANEMIA, DECONDARY						
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by ie 3 shauld be detached far use as the burial-traned with the State Dept. of Health prior to burial, crea	CERTIFICATION	19a. DATE OF OPERATION 19b (O	NOTION FOR WHICH OPERATION WAS PE	RFORMED 20a AUTOPSY?	CAUCEE	YES, WERE FINDINGS CO	NSIDERED IN CER	TIFYING
The diff	RTIFI			YES 🗌	NO E	OF DEATH?		
YSICIAN: aspital ar certificate hed far us		21 d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Day Year	21t. HOW INJURY OCCURRED	D (Enter nature of injury	y in Part 1 ar Part 2, It	em 18.)	
Sict. Set fifting	MEDICAL	(If either, notify medical exominer	) P.M 19					
PHYSICIAN: e haspital ar his certificate stached far L Dept. of Heal	₹	21d INJURY OCCURRED 21e. PL While Nat while	ACE OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f LOCATION Street or R	R.F.D. No City	ar Town	Caunty	Stote
<b>G PH</b> the h this this detac		at work at Mork					1	
ATTENDING stained by the CTOR: After the Shauld be dith the State		22a I certify that (1) (this	hospital) ottende <del>a the</del> decease e an 25	ed from	., 19 <b>.5</b> / , to/	AN 25, 196	that	l) ( <del>we)</del> last
R: A Bride		causes stated above (	e an (did) (did not) view the	76.7, and that in (my) (a	<del>wr)</del> opinion deoth a	ccurred on the dat	e/and hour o	nd from the
ATT ATT		226 SIGNATURE	TO ( WO) ( GIO) ( GIO) ( TIEN THE	2 /		22r B	ATE SIGNED /	1 1 -
OR be red weed w		SIL	Dnow.	DEGREE PHYS	MED DIRECTOR	STAFF D 25	JAN.	1969
AL DOGGE		22d PHYSICIAN'S	C	22e ADDRESS				
ERA ERA d be		NAME (Type) L. B.	Snow	7950 A	Ven Hampshi	te Hud. La	rgley Pi	e. Md.
Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the Shauld be filed with the State Dept. of Health prior to	230	BURIAL, CREMATION, 23b. DA	TE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	v (City or Town)	(County)	(Stote)
222570	6	Miles Burial 1-2	9-1969 / Gate o	f Heaven Cemete	}		,	u Md
VR AGA	24	FORTION Smith Ender State ADDRESS Sil. Spr., Md 250. RJAN RIG SPAR 196966 RESISTANDARY Md.						
45M 7 1/89	Wa	rner E. Pumphre	4, Inc. 8434 Geor	gia Avenue DATE		7	4	9



MARYLAND STATE DEPARTMENT OF HEALTH



	H.	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
and 2 eath.	13	ECEASED HARE FirstBESSIE Middle DOLORES Lost MANGO 2a DATE OF DEATH Month / Dov C Year Co
fune 1 o	3 5	EX 4 RACE S. DATE OF BIRTH 6. AGE (In years Funder 1 YEAR IS UNDER 74 HRS.
24 hours after death led in by the funeral papers. Pages 1 and 2 n. 72 hours after death.	L	Female White 4/3/85 last birthday) YRS. MONTHS DAY'S HOURS MIN.
hou hou hou		BIRTHPLACE (State or foreign 75, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED
an 24 h	10	The state of the s
within within ban p		Takoma Park Washington San in Hesp. during most of working life, even if retired) (INDUSTRY
executed within 24 hours after death and campletely filled in by the funeral remove carban papers. Pages 1 and in any event, within 72 hours after death	13a. adm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CHI LIM 557 13e STREET AND NUMBER ission) STATE 18b. COUNTY, ince fence Chilliam YES NO 722 Ritto house 5+
lin any	14.	FATHER'S NAME First Middle Cost IS MOTHER'S MAIDEN NAME First ANNUNZIATA Middle Lost
	160	WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17 INFORMANT Address
		(es, no or unknown) (Il yes give wer or dotes of service) 142-05-1385-D Washingdon - Tip of Hospica Rock Take ma Prond.
no de la cer		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
ne death ce ottending permit. The		PART I DEATH WAS CAUSE (b) Corrorary Thrombosis & Infanction 4 decays
affe an, an,		DUE TO, OR AS A CONSEQUENCE, OF
the sit prati	П	(conditions, if only, which gave) rise to immed one couse (a), (b) arterior releases
tha an. by ran cren		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ires ysici ned ial-	П	<u>lost.</u> (c)
requires tha g physician. signed by burial-tran		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
ding ding the or to	NO.	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
he fatten atten has l e as	CERTIFICATION	YES NO ICAUSES OF DEATH?
N: T or or arte l r us eaft		21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
of Ho	MEDICAL	GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital or attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be denoted for use as the burial-transit permit. Then please and the filed with the State Dept. of Health prior ta burial, crematian, or removal, and	W	21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f LOCATION Street or R.F.D. No. City or Yown County Stote at work  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f LOCATION Street or R.F.D. No. City or Yown County
IDING d by th After i be do	П	22a. I certify that (I) (this hespital) attended the deceased fram. 1957, ta 1959, ta 1969, that (I) (we) last
OR ATTENDING be retained by the NRECTOR: After the 3 should be ded with the State		22a. I certify that (I) (this heapital) attended the deceased frame, 1957, ta 399, 1969, that (I) (we) last saw the deceased alive an 390 and that in (my) (our) apinion deatly occurred on the date and haur and fram the causes stated abave, (I) (we) (did not) view the body after death.
R AI retail		22b. SIGNATURE  22c. DATE SIGNED  22c. DATE SIGNED  22c. DATE SIGNED  1/5/69
DIR DIR	ш	
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld Spauld be filed with the		122d. PHYSICIAR'S NAME (Type) (Uilliam D Audem) 22e ADDRESS 9006 Colesville Rd. Sil. Sp. Md.
Sagrature C	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 <u>4</u>		REMOVALISPECITY BLADENSBURG MARYLAND
30M REV 488	24	FUNERAL DIRECTOR 250 University Blood W 250 REGISTRAR'S SIGNATURE



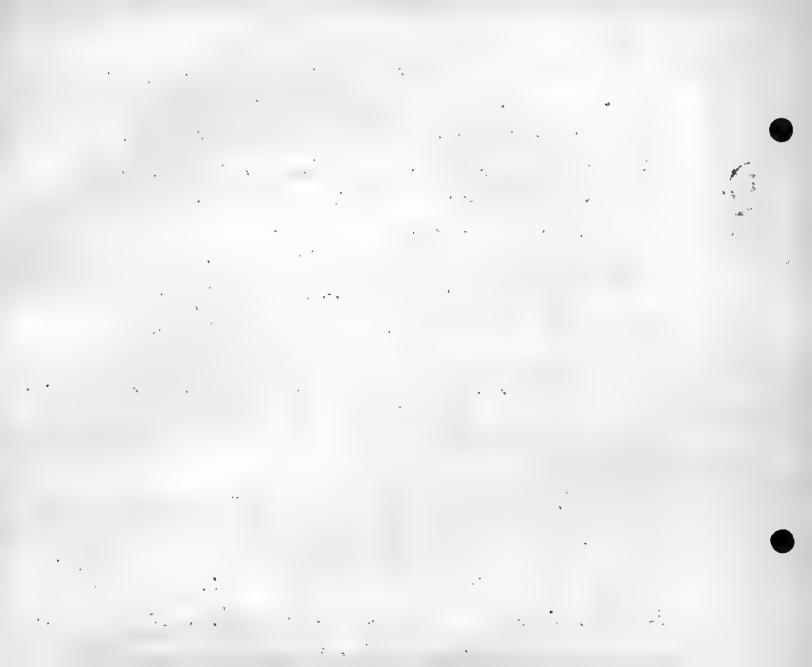
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31160 CERTIFICATE OF DEATH the funeral ages 1 and 2 urs after death. 20. DATE OF DEATH 1. DECEASED NAME First Middle Last 2b. HOUR January onth 31 Day 1969 (Type or print) John G. Manhollanhours after 3 SEX 4 RACE S DATE OF BIRTH IF UNDER 24 HRS. 6 AGE (In years HOURS Male White June 1,1913 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or fareign 9. COUNTY OF DEATH 8 MARRIED TX NEVER MARRIED country) Ohio U.S.A. Montgomery DIVORCED [ WIDOWED [ 12a USUAL OCCUPATION (Kind of work done EO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR g ve street address) 13519 Georgia Ave. during most of working life, even if retired.)

Retired INDUSTRY Silver Spring Bus-Driver 13a. USUAL RESIDENCE (Where deceased lived, if institut an Residence before 113c CITY OR TOWN 13d. INSIDE CITY . MITS? 13e. STREET AND NUMBER burial, crematian, or removal, and in any event admission) Martyland 13b. (Montgomery Silver Spr. YES X attending physician and comp permit. Then please remayed NO□ 13519 Georgia Ave.. The law requires that the death certificate be exeq Middle 14 FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Last John William Manhollan Pitzer Mary 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes no, or unknown) (It yas give wor or dates at service) 293-05-5267 Mary V. Manhollan - wife- same item 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEAD signed by the attendin burial-transit permit. IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise ta immediate cause (a), Page 4 may be retained by the haspital or attending physician.

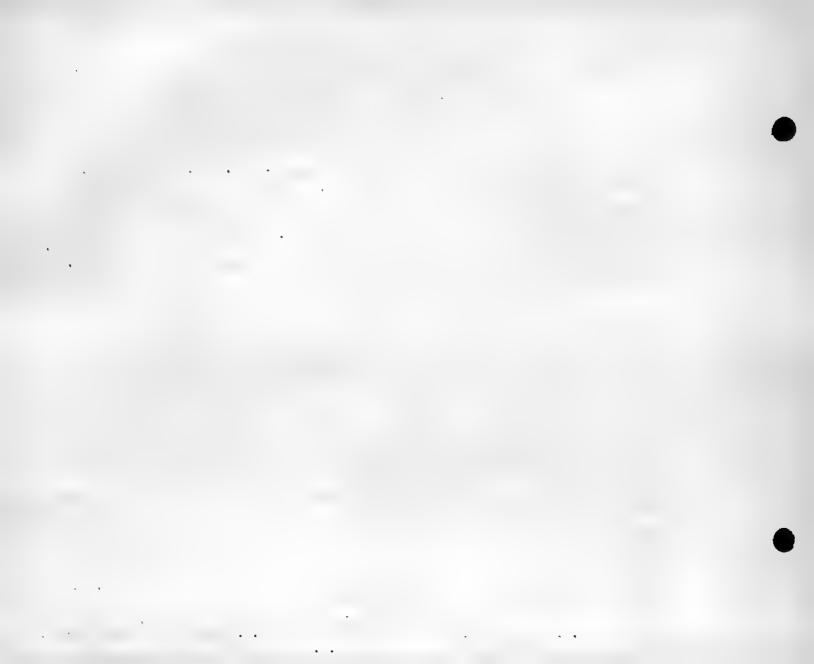
O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, crea stating the underlying cause( PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO X 21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from March 14, 19 6 7, to form, 2, 19 6 7, that (1) (we) last saw the deceased alive an 19 6 7, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (aid not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) G. Bowditch Hunter. 50 W. Edmonston Drive, Rockville, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION (County) (State) Burmoversment Riverside Cemetery Poland. Ohio 1331 Kockyankise Pike 24. FUNERAL DIRECTOR VR A15 (4) Tyson Wheeler Rockville, Maryland 30M REV. 1/68



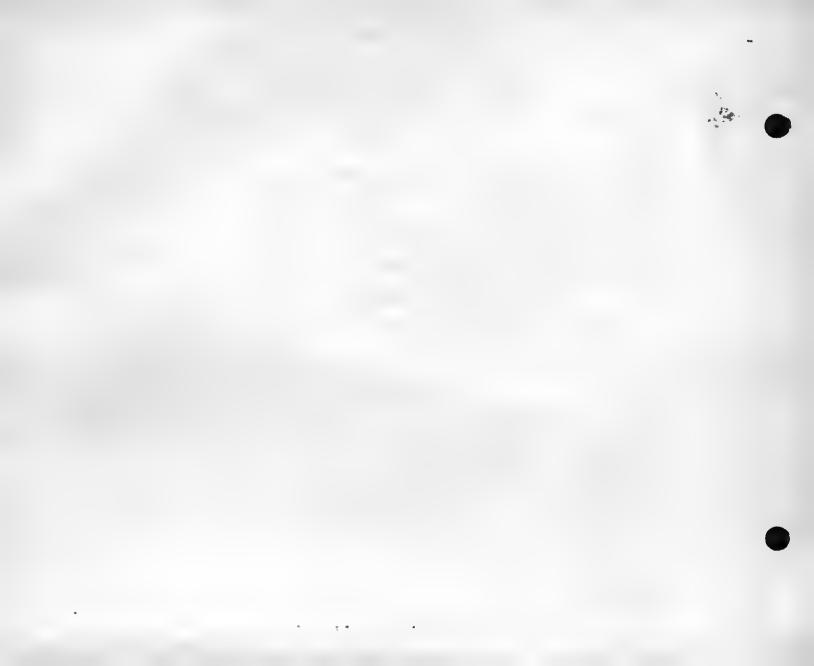
MAKITAND STATE DELAKIMENT OF HEATIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 6 .. .1162 CERTIFICATE OF DEATH 1. DECEASED-NAME First last 2a DATE OF DEATH within 24 haurs after death (Type or print) Alfred RNEST 3. SEX 4 RACE S DATE OF BIRTH 6. AGF (In years IF JNOER YEAR IF LINDER 24 FIRS last birthday) 8-15-10 MONTHS. DAYS HOURS event, within 72 haurs af MALE YR5 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED 🗌 stetely filled in barrandon papers. DIVORCED | WIDOWED [ Montgomer 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street oddress) during most of working life, even if retired ) ASHINE-TON 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER admission) STATE 186 COUNTY YES 5604 NO execut burial, cremation, ar remayal, and in any 14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First MARLOWE please requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) signed by the burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been sise as the the the prior to be 19g. DATE OF OPERATION 206 AF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use Health p NO 🗀 TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 2 d. INJURY OCCURRED City or Town County State While Not while at wark of work 22a. I certify that (1) (this haspital) attended the deceased from... . 19 65, ta saw the deceased glive on 197 1964, and that causes stated above (i) (we) (did) (did na) view, the bady after death. 1964, and that in (my) (aur) apinian death accurred on the date and hour and from the saw the deceased alive on\_ 22b. SIGNATURE 22c DATE SIGNED MED. DIRECTOR **ATTENDING** 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230 BURIAL CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify). 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV 1/68



	1	MARTIAND STATE DEPARTMENT OF HEALTH
	L	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	L	01167 CERTIFICATE OF DEATH
로 _2로		DECEASED NAME First Middle Last 2a DATE OF DEATH 2b. HOUR
after death. the funeral ges 1 and 2 fafter death.	(	Type or pnn1) Edwin F. MARques Yan. Month 18 Doy 19469 435 M
fun er c	3 S	EX 4 RACE S. DAPLOF BIRTH 6. AGE (IN YORTS IF UNDER 14 EAR IN UNDER 24 HRS
aff afs		PUCIAS IN 10-2-1907 (est birthday) MONTHS DAYS HOURS MIN
nus and and	70.	Gast 1KS.
hin 24 haurs after deat filled in the funeral property. Pages 1 and thin 72 the urs after deat	(00	WIDOWED DOVORCED Montgome Rue Md
equires that the death certificate be executed within 24 hours after death physician. signed by the attending physician and completely filled in by, the funeral burial-transit permit. Then please remove carbining pages 1 and 2 burial, crematian, or removal, and in any event, within 72 hours after death	10	CITY OR TOWN OF OFATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120 USUAL OCCUPATION (Kind of Work done during most of working life, even fretzed.) INDUSTRY  INDUSTRY
pletely f	13a	HISTAN DESPISACE (Whore decorate had a good to a Decision had a good to
perman purion and the property of the property	odn	135. COUNTY Montgomery Whenton YES NO 2600 Welsman Rd. Whenton
2 2 5 5	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
die g		Jacob 1 1000 3
physician of the place oval, and in		WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO   17 INFORMANY Address
the phys		Yes, na, ar unknawn) (Il yes give wor or dales of service)
rer The p		18 CAUSE OF DEATH (Enter only one couse per line for (g)-yb) and (c).)  APPEX MATE INTERVAL BETWEEN CHIST AND DEATH
he death cer aftending p permit. The		PART I. DEATH WAS CAUSED BY.
de de mitter n, o		IMMEDIATE CAUSE (0) The state of the grant of the consequence of the c
the or th		Conditions if any which ages
rat   The last   Instruction   The last		rise to immediate cause (a). (b) The factories (c) (b) The factories (c)
quires that the death physician. signed by the attendi burial-transit permit.		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
nysia megana ma magana magana ma magana ma ma ma ma ma ma ma ma ma ma ma ma ma		10
sign ph		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ding een the	š	Coa- ( ) Gione
AN: The law re of or attending icate has been for use as the Health prior to	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
H to dest	RTE	TES NO P
AN: If all cate ar u		21a ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
<b>D</b> ### ### ###	MEDICAL	(If either, natify med.col exominer) PM 19
OR ATTENDING PHYSICIAN: The law requires that the death certificate by be retained by the haspital or attending physician.  DIRECTOR: After this certificate has been signed by the attending physician of a shauld be detached for use as the burial-transit permit. Then please led with the State Dept. af Health priar ta burial, crematian, or removal, and in	¥	
this be Deep Control of the Deep Control of th		21d INJURY OCCURRED 12 PLACE OF IN. JRY (AT HOME SARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State of work at work
by the lifter be constant		22a   certify that (1) (this haspital) attended the deceased from 1968, to 300, 1969, that (1) (we) last
ed L		saw the deceased give an 75-4 - 1969, and that in (my) (aur) aninion death accurred on the date and hour and from the
<b>7.11</b>		causes stated above, (1) (we) (did) (did not) view the bady after death.
Tet A S S S S S S S S S S S S S S S S S S		22b SIGNAPURE SIGNED STAFF 22c DATE SIGNED
o a di e pe		1-6 FULLING DEGREE PHYS DIRECTOR LI PHYS LI JUN 18, 69.
ITAI Nay AI Pa		22d PHYSICIANS NAME (Type)  For Big For I Ave IVI   22e ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: The taw re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRICTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta		1.(1,301 a 1 1 180,11 1) 1429 combracky 1200 W.
HC FU	23a	BURIA., CREMATION, 23b DATE REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
5 5 5 V		· Control
VR AIS NO	24.	FUNERAL DIRECTOR
45M - 1/69	1	W. K. Aluitenan DATE



	1			NU STATE DEPARTMENT		
		54400	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, I	BALTIMORE, MARYLAND 21201	01164
		31168		CERTIFICATE OF DEAT	TH	OLLUS
고 7구		CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
hours after death.  Toy he funerol  Trages i and 2	(	ype or print) Noc. T	-ditho	Martin	JAN Month 25 Do	Year Year
ter d functions	3 51	X 1 (62) E	A RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR   IF UNDER 24 NRS.
ifte f	1	( )	1 1 2	/// 1	6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN
2 2 2	_	remale	While	13/9	/ 7/ YRS.	4100
S (C. T.)	/o.	SIRTHPLACE (State of foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED TO NEVER MARRIED	9 COUNTY OF DEATH	
2 2 2		- Ohia	US F	WIDOWED: DIVORCED	1 / low 1, Co.	Md.
	10 (	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR		USUA. OCCUPATION (Kind of work done	
(#M Selection )		Silver Jori	give street oddress)	ON CROSS	ing most of working life, even if retired.)	INDUSTRY Dest
nt coeff		USUAL RESIDENCE (Where Veceo	sed lived, if institution: Residence before		CITY LIMITS? 13e STREET AND NUMBER	C Comment
compose A A A A A A A A A A A A A A A A A A A	odm	ssion) STATE MARY AN	d 136 COUNTY MONT	Bethesda YESTE	1 NO 1 5003 E/SM	1000 -
and com remove	14.	ATHER'S NAME FIRST	Middleost	15 MOTHER 5 MAIDEN NA		Lost
aquires that the death certificate be executed we physicion. signed by the ottending physician and complete burial-transit permit. Then please remove cort burial, cremation, or removal, and in any event,		Tesino	il Ma	no- m	21.800-7	11.11
ase ase	160	WAS DECEASED EVER IN U.S. AR.	WED FORCES?   16b SOCIAL SECURI	YNO 17 INFORMANT PAID 7	Address .	
Sicility of the second of the		es, no, or unknown) (If yes give	vot or dates of service)	DOPS T STORES	C. MANSTY MUISS	2 mi
phy ovo	=	100	3/8-20	0031 2003-2	ISMERE AVO., 10	APPROXIMATE INTERVAL
e death certificate by othending physician cermit. Then please on, or removol, and ii		18. CAUSE OF DEATH (Enter of	ly one cause per line for (o), (b), and	(c).)		BETWEEN ONSET AND DEATH
ne death ottendi permit. ion, or r		PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a)	DTORY ANS	4FF1C1626	3 441KS
off on,		470 X	DUE TO, OR ASJA CONSEQUENCE	OF 17-21	6.0	1 :1 04.
th the sit		Canditians, if any, which gave	10/22/100	IDRY EMINY	DEPALLICENDA	944-3/RJ.
ha.		rise to immediate cause (o), i stating the underlying couse	DUE TO, OR AS A CONSEQUENCE I	OF .	ET-F8510 a	
es la	ш	last.	(c)			
equires that the physicion. signed by the burial-tronsit burial, cremat		PART-2 OTHER SIGNIFICANT CO	NDITIONS CONTR BUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1(o)	71
PHYSICIAN: The law requires that the death certificate be execut the hospital or ottending physician. his certificate has been signed by the ottending physician and cometached far use as the burial-transit permit. Then please remove Dept. of Health prior to burial, cremation, or removal, and in any every	l_	CONTRAL 1	200) 1600	1050CAROSI	5 de MOLNUTRI	TIDN
law Dee	ig.		CONDITION FOR WHICH OPERATION WAS	PERFORMED 20g. AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
A programme	景		-		CAUSES OF DEATH?	
DING PHYSICIAN: The law reby the hospital or ottending After this certificate has been be detached far use os the State Dept. of Health prior to	CERTIFICATION	210 ACCIDENT WAS UNDERLYIS	IG 216 TIME OF INJURY		(Enter nature of injury in Part 1 or Part 2	Item 18)
for all the		OR CONTRIBUTING CAUSE OF DEA	IH HOUR A.M. Month Day Ye		the name of many in two contracts	, 110111 70.)
SIC spit spit spit spit spit spit spit spit	MEDICAL	(If either, notify medical exami		19	D.N.	£
hod hod days		21d. MuJRY OCCURRED 21e While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 21f LOCATION Street or R.F.	D. No City or Tawn	County State
age # Feb						, ,
TENDING bined by the DR: After to Sould be di		22a. I certify that (I) (th	is haspital) attended the dece	ised from and that in (my) (out	1964, ta / 28, 1	96, that (I) (we) last
ENG FIND FIND FIND FIND FIND FIND FIND FIND		saw the deceased o	e, (I) (we) (did) (did not) view t	whose after feath	r) apinian deoth accurred an the d	late and naur and trom the
R ATTENI retained ECTOR: A 3 should with the		22b. SIGNATURE	c, (1) twelton (one livi) tresser	- cody difer dediti.	220	DATE SIGNED
OR O	L	11. 11. 11.	11 1/ 1/10	DEGREE PHYS	MED. STAFF	1/25/10
	L	22d PHYSICIAN'S	X Y TO	DEGREE PHYS.	DIRECTOR L PHYS. L	125/4
ZAL SAL		NAME (Type)	2.15	in all	18×2 UN11	139036
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-tron should be filed with the State Dept. of Health prior to burial, cre				- ( / ( ) / / ) .	To the state of th	
E Sage	230.	BURIAL (REMATION) 23b, REMOVAL (Specify)	DATE 23c NAME (	klawn Cemetery	ROCKVILLE 1	Molfrey. (Ma).
5-5-0		7547	Wischnsin Ave.	Beth Md	ECID DV DECISTAD COL DECISION	C SIGNATURE
VR A15/40	24.	FUNERAL DIRECTOR	P ADDRI		FC'D BY REGISTRAR 25b. REGISTRAR	3 SIGNATURE
30M REV X68	1	avus u	Much burner	elkaolle md, DAIE	JAN 29 1969 /	ALLA KIND



2	It 2-	ems 18-22a Film 409 MARYLAND STATE DEPARTMENT OF HEALTH 14-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1165
FOR STATE		<b>3116</b> → MEDICAL EXAMINER'S CERTIFICATE OF DEATH	~ ~ ~ 0
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day	
is to to	,	(Type or Print)  William Wright Martin  OF SYI A Jan. 2	5 1069B:20A
deloy is and 3 to has Rage	3 9	SEX 4 RACE S. DATE OF BIRTH 6 AGE (in years   f JMDER YEAR   JF LMDER 24 MRS   2c DATE PRONOUNCED DEAD	2d HOUR
The Carte of the C		Male White 2-27-09 (ast bighday) MONTHS DAYS HOURS MAN January Doy 25	Year 19 698:20#
Deport		BIRTHPLACE (Stote ar fareign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED   9 COUNTY OF DEATH	
200	We	est Virginia United States WIDDWED DIVORCED Montgomery	Md
Ken to the		CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work dame 120	KIND OF BUSINESS OR
ob the state of th		Takoma Park washington San & Hospital during most of working life, even if retired) INQUI	ISTRY CNSTHUCTION
offer of otong with With		IIS IN DESIDENCE (Where deceased had of inch then Decidence before 12 CITY OF TOWN 134 NSME (ITY IM IS? 126 STREET AND MINADED	
s offer colon death.	1	A COUNTY AND THE GOOD TAKOMA Park YES TO Prospect A	venue
thours Item 15 Office 1 and 2	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 h		Fred Martin Byrl	Wright
within 24 hours offer pencil in Item 18. Giy caminer's Office otong le pages I and 2 with 72 hours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Yes, no, or unknown) (If yes gave was or dates of service) 23 1 - 10 - 18 2 3	Apt#103
with pen cami		Yes, no, or unknown) (If yes gave wor or dates of service) 231-70-1923   The Martin 10687 Weymouth St. Beth	
E E E		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rmit dica		PART I DEATH WAS CAUSED BY:    MMFDIATE (AUSE (0) Fractured skull with intracranial	
Me Me		DUE TO, OR AS A CONSEQUENCE OF hemorrhage	
"pe "pe nief eve		Canditions, if any, which gave rise to immediate cause (a), (b)	
ord ord e Cl e Cl		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
Sho we wanted		lost. (c)	
ICAL EXAMINER: This certificate should be executed within 24 hours ofter death execute the certificate, writing the word "pending" in pencil in Item 18. Give-Pag for. Page 4 should be forwarded to the Chief Medical Examiner's Office along with ed for your fires.  CTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Stepuriol, cremation, or removal, and in any event within 72 hours after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(D)	
ifice fring orde of, o	2		
writ writwo rwo nov	CERTIFICATION	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his otte, e for ren	E E		YES NO
<b>追</b> 元		216 EXTERNAL CAUSE WAS PRIMARY TO COURRED (Enter nature of injury in Part Lor Part 2, them II Deceased apparently fell down cause of Death P.M. 1-18 1969 flight of steps	B) vn a
INER: e cert shout fres. 3 shou	MED CAL	CAUSE OF DEATH P.M. 1-18 19 69 flight of steps	
	*		ounty State
bical Examiner: se execute the cert sctor. Poge 4 shouls ned for your files. ECTOR: Page 3 shou buriol, cremotion,			Md.
please execute director. Poge retained for yo. DIRECTOR: Pag or to buriol, cir		22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry I,	and in my opinion
pled for bull		death resulted from: Natural causes, Accident	
Ty please rad direct operation to prior to		CHIEF MEDICAL EXAMINER	
아들 지금 일 시		SIGNATURE ACTUAL SIGNATURE 226 DATE SIGN	IED
Sory, unergy be y be NERA		EXAMINER'S DEPUTY MEDICAL-EXAMINERY	751919
DEPUTY DICAL EXAM ecessory, please execute the function of director. Poge 4 moy be retained for your FUNERAL DIRECTOR: Page eorth prior to buriol, cren		NAME (Type OELDEN / EAF MADDRESSETTED CTV JOWN OF TOWN)	25,1969
TO DEPUTY DICA necessory, please extre funeral director. 5 may be retained to FUNERAL DIRECTOR Health prior to bur	230	NAME (Type) ELDE   236 NAME OF CEMPLERY OF CREMATORY   23d JOCAT ON (Gry or Town) (Cou	
TO DEPUT necessory the funeri 5 moy be TO FUNERA	(	NAME (Type OELDEN / EAF MADDRESSETTED CTV JOWN OF TOWN)	inty) (Stote)





1	1.0	117.		ND STATE DEPARTMENT	OF HEALTH BALTIMORE, MARYLAND 21201	. 1 .0 10 100
mf find	Ιt	eml3c FilmC410		CERTIFICATE OF DEA		1107
4 _24		ECEASED-NAME First	Middle	Last	20. DATE OF DEATH	2b HOUPP
deoth godd deoth		(ype or print) Roy	Chester	McGlaughlir	1 January 1	1969 10:00M
- E	3. 5		4. RACE	S. DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR IF JINDER 24 HRS
4 TE 30 E		Male	White	12 May 19	118 50 YR	MONTHS DAYS HOURS MIN
by P	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
24 hours often	COU	Pennsylvania	USA	WIDOWED DIVORCED		mery Ma
e executed within 24 hours of and completely filled in by the remove torbon papers. Page n ony event, within 72 hours of	10.	TITY OR TOWN OF DEATH  Bethesda	11 NAME OF HOSPITAL OR give street address) The Clinic	INSTITUTION (If not in haspital du	a USJAL OCCUPATION (Kind of work dan pring most of working life, even if retired Self-Employed	e 12b KIND OF BUSINESS OR INDUSTRY Tour guide
orbo	130.		d lived, if institution: Residence before		Self-Employed  IDE CITY LIM TS? 13e STREET AND, NUMBER	Tour guide
executed within and completely filled completely filled completely filled consecutive within	adn	Pennsylvania	126. COUNTY	Gettsburg YES	No □ R.D. #3	
ouy only	14	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN I		last
sion ond		Joseph	McGlau		Ruth	Shultz
Sision , ond	160	WAS DECEASED EVER IN U.S. ARME (os, no. or unknown) (II yes)	D FORCES?		nesda, Maryland Address	
th certificating physical Then place removal,	=				al Records, The Cl	APPROXIMATE MYERVA
he death ce s ottending p permit. The	П	DADT I DEATH WAS CAUSED.	ane cause per line far (a), (b), and BY.			BETWEEN ONSET AND DEATH
dead tend rmit, or		IMMEDIAT	E CAUSE (0)Pneumonia			l week
the of the tion		Conditions, if any, which gave )	DUE TO, OR AS A CONSEQUENCE			),
that the d an. by the oth transit perr		rise ta immediate couse (a),	(b) CHYONIC I	<u>welogenous Leuke</u>	3/101(3)	4 years
d b Cross		stoting the underlying couse last.	(r)	)I		
requires that the death certificate be g physician. n signed by the ottending physician or e burial-transit permit. Then please o burial, cremation, or removal, ond in		PART 2. OTHER SIGNIFICANT COND	OITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PART 1(a)	
ng gen sen sen sen sen sen sen sen sen sen s	z					
: The low re in ottending e has been use as the oth prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?		S CONSIDERED IN CERTIFYING
	Ĭ			YES 🔀	NO [ CAUSES OF DEATH?	Yes
YSICIAN: The ospital or ot certificate had for use thed for use of lleoth i		216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH			(Enter nature of injury in Part 1 or Part	2, Item 18.)
SICI.	MEDICAL	(If either, notify medical examine	er) P.M.	19		
NDING PHYSICIAN: After this certificate d be detached for u second	2	21d. INJURY OCCURRED 21e. P While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY, 21f. LOCATION Street or R.	F.D. No. City ar Town	County State
the Date Date D		at work ot work	. h	November	າດຕໍ່ຄື 😘 🗓 Jan.	10 69 that M () last
ATTENDING stained by the CTOR: After 1 should be dith the Stote		saw the deceased ali	ve an 19 January	19 69, and that in ** (a)	r 1968 , to 19 Jan. ur) apinian death accurred an the	date and haur and fram the
ATTEND etained CTOR: A should iith the		causes stated opove:	the (we) (did) (distant) view th	e bady after death.		
R A I	П	22b. SIGNATURE	Kall	ATTENDING I	THE CTACE	2c DATE SIGNED
TAL OR noy be ra AL DIRE poge 3	1	22d. PHYSICIAN'S	my dyos	AND PERKEE BHAS I	The Clinical Cente:	20 January 1969
M moy law /			ard L. Hayes, M.		ites of Health, Bet	
Page 4 may be retained by the hospital or Funeral DIRECTOR: After this certificate director, page 3 should be detached far u should be filed mith the State Dept. of Heal	230	BURIAL CREMATION, 23b. D.		OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Pag Pag dire			22/1969 Natio			Adams, Pa.
	24	EUNERAL DIRECTOR	ADDRI		RECD BY REGISTRAR 25b REGISTRA	
VR A15 (4) 30M REV. 1/68	T.	red & None	Low Gettysbu	irg, Pa. Safe	N 4 3 1963 15	and Strawell
	4	V				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1188 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR h≣urs after death (Type or print) Month Mary Ashe Mersereau 4. RACE S DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthday) HOURS MONTHS DAYS Feb. 21, 1876 W vithin 24 hours 9, COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED filled in I ourial-iralist permit. Then please remave carban papers. burial, cremation, ar removal, and in any event, within 72 h Virginia U.S.A. WIDOWED IX DIVORCED | Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bespital 12g LSBAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY ave greet oddress) Methodist Home Gaithersburg and campletely saleswoman Dept. store 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmission) SWarvland M3b. COUNTY Baltimore YES SC NO F 625 Melville Avenue Middle 14 FATHER S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First requires that the deoth certificate be ex Hayes Hughes William Lucy Henry Ashe 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 215-10-6534-1 Asbury Methodist Home. Gaithersburg, Md. APPROXIMATE NTERVAL BETWEEN ONSELAND DEATH 18. CAUSE OF DEATH (Enter only one cause per line facility) (b), and (c).) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause; last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior ta b In retained by the hespital ar attending as the Mas been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO 📋 director, page 3 should be detached far use should be filed with the State Dept. af Health Page 4 may III ratained by the haspital ar O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, notify medical examiner) Stote 21e, PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town 21d. INJURY OCCURRED County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram 1/3 , and that in (my) (aur) opinion death occurred on the date and haur and from the saw the deceased alive an 1/12 causes stated above, (i) (we) (did) (did not) view the body after death 22b. SIGNATURI 22: DATE/SIGNED MED DIRECTOR ATTENDING PHYS 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 5413 Henry C. Scruggs MD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote) 23h DATE 23g BUR AL CREMATION Baltimore, Md. BUTTI A (Specify) Loudon Park Jan.15.1969 ADDRESS 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Witzke, 4101 Edmondson Ave., Balto., 21229M

4 2 4 mg .

					TATE DEPARTM				
- 1		01173	DIVISION OF V				RE, MARYLAND 21201	-1 2 2	<i>n</i>
KU.		7 7 1 3		CER	TIFICATE OF	DEATH		0116	9
		CEASED-NAME First (pe or print) JULII		Middle	tast METELIT		DATE OF DEATH Ol Month 12	Doy 69 Yeorge	26. HOUR 311:39
	<b>3</b> . SE	Male	4 RACE	JC.	S DATE OF BII	c /	6 AGE (in years last birthday)		IF UNDER 24 HRS HOURS Min
by to aurs aurs	70 D	IRTHPLACE (State or foreign	76 CITIZEN OF WHAT				UNTY OF DEATH	0	
F 12	canu	my) D. C. A. B	U.S.A.	w		CED M	ontgomery		Md
ecuted within completely fille ave carban pa y event, within		iy or town of death ilverSpring	11 NAMI give stre	er address) HolyCr	TION (If not in hospital  OSSHOSD •	120 USUAL OCC	CUPATION (Kind of work do working life, even if retired	YSTZLICINI L L	BUSINESS OR Bustry
arb ere	130	USUAL RESIDENCE (Where deced	sed lived if institution	Residence before 13c	CITY OR TOWN	13d. INSIDE GTY GM TS?	13e, STREET AND NUMBER		
we we eve	admi	sion) STATE Marvla	nd 136 COUNTY M	onta. Si	lverSp.	YES 💭 NO 🗔	9317G1	enville	Road
d co	14. F	ATHER'S NAME First	Middle	Last	15. MOTHER'S MA	IDEN NAME First	Middle		Last
be ex rem lin an		Samuel		Metelits		Esth	er	C	ohen
and	16a.	WAS DECEASED EVER IN U.S. AR		66 SOCIAL SECURITY NO.	17 INFORMANT		Address		
val, val,	ľ	s no, or unknown) (If yes give Yes WW	wor or dates of service}	577-07-2202	Alberta	Metelits	Same as 13		
that the death certificate be executed on.  by the attenting physicial and cample ransit permit. Then please remave to crematian, ar remaval, and in any event		441. L. Canditions, if any, which gave	DUE TO, OR AS	for (o), (b), and (c),)  LEPTURE OF  A CHASEQUENCE OF	labdon	undo	weder	DETRUCTION OF	AATE INTERVAL USET AND DEATH
physicis signe burial-t		rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	(c)	G TO DEATH BUT NOT R	EXECUTED TO THE TERMINAL	L DISEASE OR CONDIT	Rest Des	uc yrs	51
The law re attending has been se as the th prior ta	CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH	OPERATION WAS PERFOR	AKEURE	NO 📥	20b. IF YES, WERE FINDING CAUSES OF DEATH?		RTIFYING
PHYSICIAN: e haspital ar his certificate stached far u Dept. af Heali	MEDICAL CER	21 of ACCIDENT WAS UNDERLY  to contributing to cause of de (If either, notify medical exam	HOUR A.M. P.M.	Month Day Year 19			re af injury in Part 1 ar Port	2, Item 18.}	
PHYS the has this cel detache e Dept.	ME	-tune Horwing		T HOME, FARM STREET, FACTORY. FFICE BUILDING, ETC.			City ar Tawn	County	Stote
ATENDING  ATTENDING  A		22a. I certify that (I) (t saw the deceased causes stated above	his haspital) atten alive an	ded the deceased 196	rom	y) <u>(aur) opinian</u>	, ta <u>JAV</u> death accurred an the	19 <b>67</b> , that a date and haur	(I) (we) last and fram the
TO HOSPITAL OR ATTENDING PHYSICIAL Page 4 may be retained by the haspital TO FUNERAL DIRECTOR: After this certifical director, page 3 shauld be detached failed with the State Dept. af He		22b SIGNATURE	NH G	rolling,	DEGREE PHYS	NG DIRECT	STAFE CO	22c DATE SIGNED	9
O HOSPITAL Page 4 may   O FUNERAL E director, pag should be fill		NAME (TYPE)	FRT H	-CROLL	HANHO.	1106	5/4/4	16 57.	SILVER
HO.	23q		DATE		EYERY OR CREMATORY		LOCATION (City or Town)	(County)	(Stole)
<b>5</b>			1-14-1969		Memorial I		alls Church		Va.
VR A15 (4)		FUNERAL DIRECTOR		ADDRESS		250 REC'D BY REC	SISTRAR 256 REGISTA	AR'S SIGNATURE	with.
VR A15 (4) 30M REV. 1/68	Go	ldberg Funera	L Home 4	217 9th St.	N.W.	DATE JAN.	1.6 1969	1	0



_	ı	MARYLAND STATE DEPARTMENT OF HEALTH	
1		1117 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1170
	<u> </u>	CERTIFICATE OF DEATH	
# 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등		ECEASED NAME (ype or print) P First (Middle Lost) 20. DATE OF DEATH	Yeor 2b HOUR
fter death.	L	Teter of Michael 46	9 Year 3:03 AM
	3. SI		MOSE YEAR IE UNDER 24 HRS
	L	M W NOOTOOUS I-17-57 last birthday) YRS. MON	THS THAT'S BIDURS MIN
haur in by rs. P		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
in 24 h		///Gry/and US/T WIDOWED DIVORCED ///omgomer	Md.
equires that the death certificate be executed within 24 haurs after death physician. signed by the attending physician and certipletely filled in by the meral burial-transit permit. Then please remove carban papers. Pages and 2 burial, cremation, ar removal, and in any event, within 72 haurs after death		gue street address) distinguished a first and first and first address and first and first and first address and first and first address address and first address and first address and first address address and first address address address and first address address and first address addres	26. KIND OF BUSINESS OR INDUSTRY
of wi	13a	USUAL RESIDENCE (Where deceosed lived, if not/tution Residence before 13x. CITY OR/TOWN 13d MISIES CITY LIMITS? 13d STREET AND NUMBER (STORY) STATE	CHILO
betunad complete corrections and countries corrections and corrections and corrections and corrections are corrected as a correction of the corrections are corrected as a correction of the corrections are corrected as a correction of the correcti	adm	MARCHELIAN & 136 COUNTY MORE CONSEL STANDARD YES D) NODE 3514 Kays	as Street
La L	14.	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
9 9 5		GEORGE MICHAEL BYHENS	Dracopoulos
requires that the death certificate be g physician. n signed by the attending physician a burial-transit permit. Then please o burial, crematian, ar removal, and ir	16g.	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yet give wor or dates of service) 16b. SOCIAL SECURITY NO 17 ANFORMANT 1900 Michael 3514 Kaysou	zaton Marula
rtifii Phys		MIR NONE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	27.
en ce		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
e death artendin permit. an, ar rei		PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) HE BUCT FIGURE TO THE PART T	1 hour
atte perr perr		ON 10 OUE TO, OR AS A CONSEQUENCE OF	_
the sit		Conditions, if any, which gave rise to immediate cause (0),	84-13
equires that the physician. signed by the buriat-transit p		stating the underlying couse OUE TO, OR AS A CONSEQUENCE OF	8ym
res /sici ned inf-li		lost. (1) Cystic tibrisis	9420
Phy Sign burn		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
- D C 0 0	i s	HYPOPROTEINEMIA & MASSIUE EDEMA	
s be ad a serial	Ĭ	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206 IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
V: The law requires the or attending physician, or attending physician, the has been signed by ruse as the buriat-trains afth priar to buriat, cre	CERTIFICATION	NONE YES NU YES	
AN: of or icate for u	3	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2 Item OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	18.)
d fiftig	MEDICAL	(If either, notify medical examiner) P.M. 19	
Page 4 may be retained by the haspital or attending To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to	Ē	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f, LOCATION Street or R.F.D. No. City or Town C	ounly State
JING Pl by the frer this be deto State Do	L	of work at work	S 0
by be Stat		220. I certify that (I) (this hospital) ottended the deceased from 13 (1476), 19 57, to 1-4, 19 6 saw the deceased alive an 1-4 19 69, and that in (my) (our) spinion death occurred on the date of	and hour and from the
TEN Ded The		causes stoted obove, (I) (we) (did) (did net) view the body after deoth.	and fidor dild fidili file
AT AT	L	22b SIGNATURE 22c DATE	SIGNED
OR ATTENI  OR ATTENI  Be retained  SIRECTOR: A  Re 3 should  ed with the	L	HE DEGRED ATTENDING MED DIRECTOR PHYS 1-	4-69
TAL AAL I Page Page Filler Filler		22d. PHYSICIAN'S Stanley I. Wolf, MD 220 ADDRESS 8708 150 Ave. Silve.	- Gu 10
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the			John Local
HO oge FUI irec	230	arranta (f. 11)	County) (State)
5 5 5 s	-	The scale of the second of the	Maryland
VR A15 (1)	24.	FUNERAL DIRECTOR? 17 See Owter ADDRESS Sil. Spr., Md 250 RECD BY REGISTRAR 256. REGISTRAR 5 SIGI	
DOINT WELL SHOULD	1	TOTALIAN TO THE TOTAL TO	A A CONTRACTOR OF THE PARTY OF



MARYLAND STATE DEPARTMENT OF HEALTH



_		r			TATE DEPARTMENT OF		
2 - 1			DIVISION OF		W. PRESTON STREET, BALT	TIMORE, MARYLAND 21201	
			2 5 5 6 5)	CER	TIFICATE OF DEATH		1172
€ _7€			ECEASED NAME First	Middle	Lost	20 DATE OF DEATH	2b. HOUR
death and death	3	(1	(ype or print) Lillian	REED	MillER	Month S	1969 1221 M
		3 5	X 4 RACE	. /	S DATE OF BIRTH	6 AGE (In years	IE UNDER YEAR IE UNDER 24 HRS
P. CE P.	2	7	Emale whi	te	7/16/83	Jost binhday)	MONTHS DAYS HOLIRS MIN
	3	7a l	BIRTHPLACE (State or foreign 7b CITIZEN OF WI	HAT COUNTRY?	MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
TE TE BE		14	Est Guaria		DOWED DIVORCED	Montgomery	/ Md
	H .	0	TY OR TOWN OF DEATH	AME OF HOSPITAL OR INSTITUT		IA. OCCUPATION (Kind of work done	
requires that the death certificate be executed within a physician. I signed by the attending physician and campletely to burial-transit permit. Then please remave carban abstral cremation at removal, and in any event with	3 -	2	Ethesda )	UhurbAN/		nost of working life, even it retired	AT HOME
ecuted wit campletely ave carba	100	13a adm	LSUAL RESIDENCE (Where deceosed lived, first tut ssign) SEATE 13b COUNTY	on Residence before 13c	CITY OR TOWN 3d INSIDE CTY	The birther sale, it bir ball y	ZOCKEWATT HOTEL
cam cam	7/	7	Justs AC.		OC. YES 🛛 N	10 16 47 1 StN	WApt 101
quires that the death certificate be exe physician. signed by the attending physician and a burial-transit permit. Then please rema burial cremation ar removal, and in any	3	14 (	ATHERS NAME First Middle	/ lost	IS MOTHER'S MA DEN NAME	First Middle	Lost
an d	******	ᆫ	Benjamin FRANI		Posa	LLY VIRWIN	11A Moore
irate sicio			WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown) (If yes give war or dates of service)	16b SOCIAL SECURITY NO	17 INFORMANT	Address	6006 Cromewell
he death certificate E attending physician permit. Then please			No -	577-34-7886	Don Bled	milles W	ask D.C. &
a Ce			1B CAUSE OF DEATH (Enter only one cause per # PART 1 DEATH WAS CAUSED BY	ne far (a), (b) and (c))	M (	0 '0-	APPROXIMATE INTERVAL GETWEEN ONSET AND DEATH
aftendir permit.	,		IMMEDIATE CAUSE (a)	Right C	enthorous c	ulan accident	of days
office d				AS A CONSEQUENCE OF		<u>+</u>	
the sit (			Conditions, if any, which gave (b)	Hyperl	with norther	verso deros	as improve
the day			stating the underlying cause DUE TO, OR I	AS A CONSEQUENCE OF			
res /sici			lost (c)				
equires that the physician. signed by the consistency burial-transit popular			PART 2 OTHER 5 GNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
w rading een the		IIII					
binG PHYSICIAN: The law requires the by the hospital ar attending physician. Wher this certificate has been signed by a detached for use as the burial-tree State Dent, of Health prior to burial, crea		CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WH	ICH OPERATION WAS PERFORI		CANCEL OF BEATHS	CONSIDERED IN CERTIFYING
: The or off use	×	RTIF			YES NO 🕽	Κ,	
AN: al at for a for a			21a ACCIDENT WAS UNDERLYING 21b TIME OF OR CONTRIBUTING CAUSE OF CEATH HOUR A M	FINJURY Manth Day Year	21c HOW INJURY OCCURRED (Ente	er nature of injury in Port 1 or Port 2	Item 18)
S S S S S S S S S S S S S S S S S S S		MEDICAL	(If either, natify medical examiner) PM	19			
NING PHYSICIAN: by the hospital ar fire this certificate be detected far us		×	21d INJURY OCCURRED 21e PLACE OF INJURY While Not while	( AT HOME, FARM, STREET, FACTORY )	21f LOCATION Street or R.F.D. No	City or Town	County Stote
the third details to D			at work at work		1	0	1.0
by Steel			22a. I certify that (I) (this hospital) after	ended the deceased fr	em 15 fair, 191		9 6 T, that (I) (we) last
E Sed			saw the deceased alive an 22 2 causes stated abave, (1) (we) (did)	(did not) year the hads	_1, and that'in (my) <del>(our)</del> ap	inian death accurred an the	late and havr and fram the
Sho Stair at			22b SIGNATURE	(are not) view the body	i . X	22	C DATE SIGNED
OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate ie 3 should be defacthed for upen with the State Dept. of Heal			Herbert War	um to	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	
A L D S B B B B B B B B B B B B B B B B B B			22d PHYSICIANS V		4 320 ADDDESS	AL AL	A al Ch
PIT, ERA	1		NAME (Type) HERBERT	MARTYN	JR 4740	Cherry has	c Dr. ma
TO HOSPITAL OR ATTENDING PHYSICIAN: The low in Page 4 may be retained by the hospital ar attending to FUNERAL DIRECTOR: After this certificate has been alrector, page 3 should be detacted far use as the should be filed with the State Dept. of fleat the prior to		23o.	BURIAL, CREMATION, 23b. DATE	231 NAME OF CEME	CERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 0 0 p 2		B	REMOVAL (Specify) 1/25/69	Rock	REEK CEM.	WASHINGTO	11 12 12
	(A		FUNERAL DIRECTOR	ADDRESS	25g PICD I	BY REGISTRAR 256 REGISTRAR	S SIGNATURE
VR A15 45M -	1 766	50	IS. GAWLER'S SONS, SI	30 Wis. AUE	, WASH, DO DANAN	29 1969 fclia	they judge.

-----



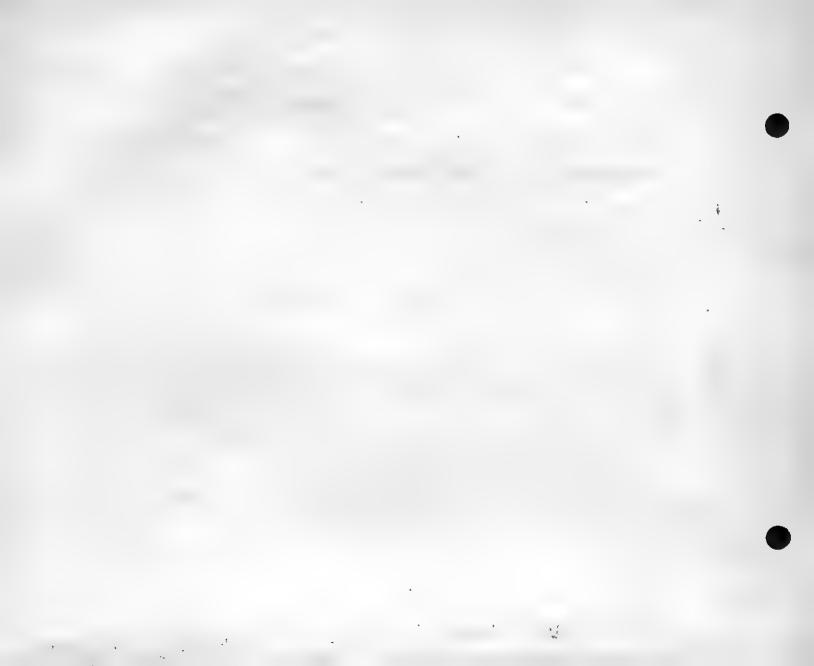
1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
r. H	1 DECEASED NAME First Middle Lost 20 DATE KNOWN FOL Month Day Yent 2h HOUR
"	(Type or Print)  Gina Maria Montefusco  OF ESTI-  DEATH MATED  Jan. 17 196 912:09
ı	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (to years 15 UNDER 1 YEAR 11 UNDER 24 HRS 21 DATE PRONOUNCED DEAD 2d HOUR
	Female White Sept. 10,1968 - YRS 4 7 January 17 Yeor 969 12:09
	70. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER
	New Jersey USA WIDOWED DIVORCED Montgomery Mc
	0 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (11 not in hospitol during most of work done 126 KIND OF BUSINESS OR during most of work done 126 KIND OF BUSINESS OR
X IO	Bethesda   The Clinical Center, NIH   Child
15	Admission) STATE IN COUNTY
DP 1	
-	John Montefusco Dorothy Mundy  66 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO   17 INFORMANT The Medical Recordabress
	(Yes, no, or unknown) (Myes give wer or dates of service) None The Clinical Center, NIH, Bethesda, Maryland
F	18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c))  Dost catheterization  APPROXIMATE INTERVAL BETWEEN OBSET AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Perforation of right ventricular myocardium/ 20 minutes
	DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if ony, which gove (b) Congenital Heart Disease, atrioventricular canal 4 months
	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	(c) Mongolism 4 months
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1(0)
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
7	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  200. AUTOPSY?  210. EXTERNAL CAUSE WAS  210. TIME OF INJURY Manth Dov, Year  210. HOW INJURY OCCURRED (Prior not year of injury in Part 1 or Part 2 Item 18)
	PRIMARY DOR CONTRIBUTING   HOUR AM Jun 17 1969 Celheste: penetrolal Rout well -  [AUSE OF DEATH   1/32 P.M. Jun 17 1969 Celheste: penetrolal Rout well -  [21d NJURY OCCURRED   21e PLACE OF N. JRY (At home form street)   21f LOCAT ON Street or R.F.D. No City of Town County State
	AT WORK LIAT WOR
-	22a. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🔀, Inquiry 💆, and in my opinion
	death resulted from Natural couses, Accident 🔀, Suicide, Hamicide, Undetermined monner
	ACTUAL  CHIEF MEDICAL EXAMINER  220 DATE SIGNED
	SIGNATURE TO 1969
1	NAME (Type) John G. Ball ADDRESS(Street, cty, town, or county)
=	230 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d (OCATION (City or Town) (County) (Stote)
	Burial 1-20-69 - Keansburg. N. J.
	24 FUNERAL DIRECTOR ADDRESS AT DISCHOLORISE 250 RECID BY REGISTRAR 250 RECISTRAR 5 S.GNATURE
	W.W. Chambers Co. 1400 Chapin St. N.W. D.C. DAINAN 27 1969 Chamber



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01174 01170 CERTIFICATE OF DEATH DEFEASED-NAME First 20 DATE OF DEATH 24 hours after death funeral 1 and Month SATE OF BIRT hours ofter 4 RACE 6 AGE (In years IF HARDER I YEAR HE JAIDER 24 HPS by the f lost birthday) MONTHS DAYS 9 COUNTY OF DEATH 70 BIRTHPLACE (State or Moregan MARRIED X NEVER MARRIED remave carbon papers. completely-filled in DIVORCED [ Hontgomer 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120. USUAL OCCUPATION Kind of work dog 12b KIND OF BUSINESS OR be executed within (Ve street oddress) during most of working life even if refited ) INDUSTRY 130 USUAL RESIDENCE Where decorped lived, if institution; Residence before 13d INSIDE CITY JUMITS? 13c CITY OR TOWN 13e STREET AND NUMBER burial, crematian, or remaval, and in any even odmission) STATE 14. FATHER'S NAME MOTHER SMAIDEN NAME FIRST 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates of service) Yes, no. or unknown) Inen Tw CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART 1. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEAT requires that the death permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ) nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse test PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to O FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NON YES I 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF BEATH HOUR A,M ... Month Day Year (If either, notify medical examiner) 21e. PLACE OF INSURY ( AT HOME, FARM, STREET FACTORY ) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED Stote City or Town County While Not while at work causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) (Your ol) OR CREMATORY LOCATION (City of Town) (Stote) (County) INERAL DIRECTOR REGISTRAR S SIGNATURE VR A15 (4) 30M REV 1/68 of Charles Jacks

£

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  TO CHIEF OF DEATH  TO CHIEF OF DEATH  TO CHIEF OF STREET, BALTIMORE, MARYLAND 21201  TO CHIEF OF STREET, BALTIMORE
DECEASED NAME First Middle Lost 20 DATE OF DEATH Month Doy Year 25 HOUR (Type or print) B + 1 S. DATE OF BERTH T. 1 & AGE (M years lost brindings) Yes, MONTH DOY YEAR HE WICKER X MAS 1 S. DATE OF BIRTH T. 1 & AGE (M years lost brindings) Yes, MONTH OATS HOURS MASK INCOME WHAT COUNTRY?  WIDOWED DIVOKEED DIVOKEED OF OWN OF DEATH WIDOWEST OF OWN OF DEATH WIDOWEST OF OWN OF DEATH WIDOWEST OF OWN OF DEATH GIVE STREET AND HUMBER OF TOWN OF DEATH GIVE STREET AND HUMBER OF TOWN OF DEATH STREET ON OUT TOWN OF DEATH GIVE STREET ON OUT TOWN OF DEATH STREET ON OUT TOWN OUT
[Type or print]  3. SEX  4. RACE  5. DATE OF BIRTH  7.   6 AGE (It) years   7 AGE
3. SEX  4. RACE  5. DATE OF BIRTH  7. BERTHPLACE (Stote or foreign  7. CHIZEN OF WHAT COUNTRY?  WIDOWED  10 CITY OR TOWN OF DEATH  11 COUNTY OF DEATH  WIDOWED  10 CITY OR TOWN OF DEATH  11 CAMBRO OF HOSPITAL OR INSTITUTION (If not in hospital)  We see the product of working life work of working life life working life wor
3. SEX  4. RACE  5. DATE OF BIRTH  7. If DATE (If years or Substrated)  7. CITIZEN OF WHAT COUNTRY?  8. MARRIED  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street paddress)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street paddress)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street paddress)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street paddress)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street paddress)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street paddress)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street paddress)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street paddress)  12. Space of the paddress of
To BIRTHPLACE (Stote or foreign Th. CITIZEN OF WHAT COUNTRY?  To BIRTHPLACE (Stote or foreign Th. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED DIVORDED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORDED DIVORCED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORC
BETT OF DEATH  TO BIRTHPLACE (Stote or foreign country)  The CITIZEN OF WHAT COUNTRY?  WIDOWED DIVIDED
Mode of Lost Mode
10 CITY OR TOWN OF DEATH    Single Street and Delivery   126 DUAL OF CLIPATION (find of work done)   126 DUAL OF CLIPATION (find of work)   126 DUAL OF CLIPATION (find of work)   126 DUAL OF CLIPATI
130 USJAI RESIDENCE (Mere decosed lived, if institution: Residence before   13c. CITY OR TOWN   13d inspect of units   13e street and number   13e s
130 US.AL RESIDENCE (Where deceased lived, it institutions: Residence before 12s. CITY OR TOWN 13a Misse CITY UNITS?  13b STREET AND NUMBER 51
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Ade bent L. Occobs Effice — Neft Middle Lost Ade bent L. Occobs Effice — Neft Middle Lost Ade bent L. Occobs Effice — Neft Middle Lost Ade bent L. Occobs Effice — Neft Middle Lost Ade bent L. Occobs Effice — Neft Middle Lost Ade bent L. Occobs Effice — Neft Middle Lost Middl
Ade best L. Sarked Forces  16. WAS DECASED EVER IN J.S ARMED FORCES  18. MUTHER'S MAIDEN NAME HIST  Address  20. 5'!-1127 Do rotty Shapiro 519 Orchard 12 J. Sil Spr. Md  APPROXIMATE MITERIAL  APPROXIMATE MITERIAL  IN MICHER'S MAIDEN NAME HIST  Address  18. MUTHER'S MAIDEN NAME HIST  Address  19. MUTHER'S MAIDEN NAME HIST  Address  19. MUTHER'S MAIDEN NAME HIST  Address  10. WAS DECASED EVER IN J.S ARMED FORCES  10. APPROXIMATE MITERIAL  APPROXI
The special ending of
The state of the s
18 CAUSE OF DEATH (Enter only one couse per wine for (o), (b), and (c).)  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave is to immediate cause (o).  Storing the underlying cause (c).  Storing the underlying couse (o).  Storing the underlying couse (c).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  STATUS PART (a) CONSIDERED IN CERTIFICIAL CANADITY (a) AUROPSY2 (a) If yes were simplings considered in Certificial Canadity (a) AUROPSY2 (a) If yes were simplings considered in Certificial Canadity (a) AUROPSY2 (a) If yes were simplings considered in Certificial Canadity (a) AUROPSY2 (a) If yes were simplings considered in Certificial Canadity (a) AUROPSY2 (a) If yes were simplings considered in Certificial Canadity (a) AUROPSY2 (a) If yes were simplings considered in Certificial Canadity (a) AUROPSY2 (a) If yes were simplings considered in Certificial Canadity (a) AUROPSY2 (a) If yes were simplings considered in Certificial Canadity (a) AUROPSY2 (a) If yes were simplings considered in Certificial Canadity (a) AUROPSY2 (a) If yes were simplings considered in Certificial Canadity (a) AUROPSY2 (a) If yes were simplings considered in Certificial Canadity (a) AUROPSY2 (a) If yes were simplings considered in Certificial Canadity (a) AUROPSY2 (a) If yes were simplified in Certificial Canadity (a) If yes were simplified in Canadity (a) If yes were simplified in Certificial Canadity (a) If yes were simplified in Canadity (a) If yes were simplified in Canadity (a) If yes were simplified in Canadity (a) If yes the constant (a) If yes th
PART 1. DEATH WAS CAUSED BY.  PART 1. DEATH WAS CAUSED BY.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause (b).  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  STATUS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  STATUS PART OF DEPARTION VISIO CONDITION FOR WHICH OPERATION WAS PERFORMED.  100 DISTORTED TO CONSIDERED IN CERTIFICIAL CONSIDERED IN CERTIFICIAL CONSIDERED IN CERTIFICATION.
IMMEDIATE CAUSE (o) CATALOGUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove is to immediate cause (a).  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  STATUS PART OF DEPARTION VIOLED WHICH OPERATION WAS PERFORMED. 200 AURDROX 2. 200 IE VES WEEF EMPINIOS CONSIDERED IN CERTIFICIANCE.
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove is to immediate couse (a), storing the underlying couse (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  STATUS PARTON VIOLENTIAN OF DEPORTION VIOLENTIAN WAS PERFORMED. 200 AUROPSY2 200 IF VES WEET FINDINGS CONSIDERED IN CERTIFYING.
rise to immediate couse (a).  Storing the underlying couse (b).  Due to, or as a consequence of (c).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  STATUS PARTON (19) CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AURORS 2.  100 DATE OF DEPRATION (19) CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AURORS 2.  100 DATE OF DEPRATION (19) CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AURORS 2.  100 DATE OF DEPRATION (19) CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AURORS 2.  100 DATE OF DEPRATION (19) CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AURORS 2.
storing the underlying couse   Due 10, DR AS A CONSEQUENCE OF
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  STATUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  STATUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  STATUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Status partoperation (196 constitute of parting of parting of the very west similars considered in certifying
FE B FE B CONTROL OF DEPARTION VI 19h CONDITION FOR WHICH OPERATION WAS PERSONNED 120h ALEDER SIMONICS CONSIDERED IN CERTIFICING
200 AUBOPSY? 2016 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 200 AUBOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CALSES OF DEATH?  2016 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CALSES OF DEATH?
216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY (Enter noture of injury in Port 1 or Port 2, Item 18.)
TO CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year    OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR   OF CONTRIBUTING CAUSE OF CAU
21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f LOCATION Street of R.F.D. No. City of Town County Stote
While Not while of work of work
22a I certify that (I) (this haspital) attended the deceased from AOV, 1968, to VEN, 11, 1969, that (I) (we) last saw the deceased alive an JAOV 11, 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the
22a I certify that (I) (this haspital) attended the deceased from AOVI , 19 69, ta VHVI II, 19 69, that (I) (we) last saw the deceased alive an VHVI III and that in (my) (aur) apinian death accurred an the date and haur and from the
causes stated abave, (1) (we) (did nat) view the bady after death.
226 SIGNATURE  226 SIGNATURE  ATTENDING  MED  OIRECTOR   STAFF   1/2 N / Z , 1969
22d PHYSICIAN'S 22e ADDRESS
NAME (Type) Harald S. Sidler, M.D. 9801 Georgia Avenue, Sil. Spr., Md.
Causes stated abave, (1) (wo) (did not) view the bady after death.  226 SIGNATURE  LACEN M.D. DEGREE PHYS  226 DIRECTOR
REMOVAL (Specify or 1-14-1069 9t. Liverly Cre story Dire Georges, Maryland
VR ALSON EEGISTRAR'S SIGNATURE  VR ALSON EEGISTRAR'S SIGNATURE  300 M EEGISTRAR'S SIGNATURE  1 ONTE JAIN 20 1969



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11100 CERTIFICATE OF DEATH DECEASED-NAME Middle 20 DATE OF DEATH First Lost death. 2b HOUR 24 hours after death (Type or print) ve corbon papers. Pages i event, within 72 hours after 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years HUNDER YEAR IF UNOLR 24 HR lost birthdoy) MONTHS 2-00 70 B RTHPEACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED (ountry) 1500m312 WIDOWED | DIVORCED [ IO (TIY OR JOWN OF DEATH NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION 12b KAND OF BUSINESS OR give street oddress N T during most of working life wen if retired ) completely 130 USUAL RESIDENCE (Where deceased lived, finstitution: Residence before 13c CITY OR TOWN 3d INS DE CITY JM TS? 13e STREET AND NUMBER PHYSICIAN: The law requires that the death certificate be execu-**L DIRECTOR:** After this certificate has been signed by the attending physician and ca oge 3 should be detached for use as the burial-transit permit. Then please remorated with the State Dept. of Heolth prior to burial, cremotian, or removal, and in any 14 FATHER'S NAME Middle S MOTHER'S MAJDEN NAME First Middle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 7 INFORMAN Address Yes, no or unknown (If yes give war or dates of service) 18 CAUSE OF DEATH (Enter only one couse per me for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o), 'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUJ NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(6) FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a Autopsy? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO 🖳 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INLURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street of R.F.D. No. Gty of Town Stote County While Not while of work 22a | certify that (1) This hospital) attended the deceased from 19\_6, and that ye(my) (aur) opinion doorn occurred on the date and hour and from the saw the deceased alive on. causes stated abov (1) well ad (did not) view the body after death. **ATTENDING** PHYS DIRECTOR 22d PHYSICIAN S 22e ADDRESS director, should be 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23o BUR AL CREMATION. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Colmar Manor 2 13, 1969 Pro Geo Jan Ft Lincoln Crematory Cremation 24 FUNERA, DIRECTOR 250 RECD BY SEGATRAN 1963 256 PEGISTRAN STORM ADDRESS F. Gasch's Sons Hyattsville Md.



	1				E DEPARTMENT OF I			
		0440	DIVISION OF VITA	L RECORDS, 301 W.	PRESTON STREET, BALT	IMORE, MARYLAND	21201	
		0118.		CERTIF	ICATE OF DEATH		1.11	17 17
£ _ 7.£		ECEASED NAME Ejest	rry	Fielding	Morton	20 DATE OF DEATH		2b HOUR
urs after death yy the funeral Poges I and 2 wurs âfter death	{	Type or print) Pe	rry	Fleiding	Morton	Month	Doy Yeor	8:15 pm
fun 101	3 5	EX _	4. RACE		S. DATE OF BIRTH	6 AGE (In	VEOTS IF JHOER I YEAR	IF UNDER 24 HRS
offe des des	n	nale	white		11/24/13	lost birth	AVAIL (YOUNTHS DAYS	
Po Po	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COL			9 COUNTY OF DEATH	yrs.	
A dul	copy	Trginia	U.S.A.	168.46/4/1	ED NEVER MARRIED		A-77	
2 peg 2				WIDOW	h	Montgomer	-	Md.
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72thpurs after death.	1	CITY OR TOWN OF DEATH	give straet g	Hospital or institution (ddress) Hallet #	of not in hospital 12a USU.  St. during m	of of marking the even to the control of warking the even to the control of the c	rork done 126 KIND 0 felired industry - Grand Uni	F BUSINESS OR
ed v	130	USUAL RES DENCE (Where decease	d lived, if institution: Re-	sidence before 13c, CTY	OR TOWN 13d INSIDE CITY L			
omp ve c	oath	aryland	I 13b. COUNTY	erv Roc	cville YES N	0   11/23 F	Hallet & St	
d co		FATHER S NAME First	Middle	Lost	15 MOTHER'S MAIDEN NAME		Middle	Lost
an an in c	F	ielding Luth	er Monton		Grace El	len Perry		
ian ian iand		WAS DECEASED EVER IN U.S. ARM			7 INFORMANT	Ten renty	Address	
and significant si	١	res, no, or unknown)   (If yes give we	er or dates of service)	2-09-0697	John Morton	00000000	above	
ph pen iav	==	no			MOTHER PROPERTY	L SAULE AS E	APPRO)	CIMATE INTERVAL
requires that the death certificate be executed g physician. n signed by the attending physician and comple e burial-transit permit. Then please remove ca a burial, crematian, ar remaval, and in any event		18. CAUSE OF DEATH (Enter on a Part 1. Death was caused Immedia)	BY.	o), (b), and (c).)	C V.	A7 /	BETWEEN	ONSET AND DEATH
lear mit ar		, IMMEDIA	TE CAUSE (o) 120 pa	ralized	Jarcomato	5154 Cac	neria 2	marith
ath per ign,			DUE TO, OR AS A CO	INSEQUENCÉ OF	0 /	1 01	10	
the sit on the most		Conditions, if any, which gave ) use to immediate couse (a),	(b) LC1	OM 40 Sar	coma of To	he Stom	ach 0	mouth
tho an. by ran crer		stoting the underlying couse	DUE TO, OR AS A CO	INSEQUENÇÉ OF				
The law requires the attending physician, has been signed by se as the burial-traith prior to burial, cre		last.	(c)					
Phy Phy Suri Suri		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATER	TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1	I(o)	
ng en to t	22							
law be be	CERTIFICATION	190. DATE OF OPERATION 196 C	ONDITION FOR WHICH OPE	ERATION WAS PERFORMED	20o. AUTOPSY?		FINDINGS CONSIDERED IN	CERTIFYING
he after he	[불	august 1910 L	Cionyoran	Al mand	YES NO X	CAUSES OF DEATH?	?	
a the		21a. A@CIDENT WAS UNDERLYING	210/ TIME OF INJUR	Y 21c	HOW INJURY OCCURRED (Ente		or Port 2. Item 18.1	
TA TO SEE THE	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HÖUR A.M. Mon	th Doy Yeor	,		, ,	
rsignature in the distriction of	뮕	(If either, notify medical examinated 11 March 21d 11 March 21 Mar		19 IE FARM, STREET, FACTORY, 1 211	LOCATION Street or R.F.D. No	. City or Town	County	Stote
OR ATTENDING PHYSICIAN: The law be retained by the haspital ar attendin DIRECTOR: After this certificate has been a 3 shauld be detached far use as the ded with the State Dept. of Health priar the		While Not while at work of work	OFFICE	BUILDING, ETC.	LOCKHOIL SHOOL OF KILD. NO		2001117	31012
te de la tendada		of work of work	- beerfactt easended	About a second from	/J mm / 10/	18 10 Jan 1	72 10 6 7 sha	A /1\ /a\ Ia
DIN by Stc		22a. I certify that (I) (this saw the deceased al	ive an IAN	The deceased fram.	and that in (my) (aur) an	inian death accurred	on the date and have	rand from the
TEN ned the		causes stated above	(I) (we) (did) (did n	at) view the bady aft	er death.	midir deditir decorregi	on the dute and had	did ildili ille
A B D g t t		22b. SIGNATURE	1/2	1 -			22c DATE/SIGNED	7
dw dw		Valente	Ken	de MDO	EGREE PHYS.	MED. STAFF DIRECTOR PHYS	$\Box$ $1/10$	169
L D S		22d. PHYSICIAN'S T	The contract	1.11	22e. ADDRESS	1011	1///	^ -
ERA Fire February		NAME (Type) J. /U	21/ Ken	NEdy	9/6-/9	57. N.W	·, Wash,	0, (.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar ta	23o	BURIAL, CREMATION, 23b. D	ATE I	23c. NAME OF CEMETERY	OR EREMATORY	23d LOCATION (City or	Town) (County)	(Stote)
Pag Pag Short		DEMOVAL (Constitut	111/69	r	ashington		eorges Cou	
1/2	24.	FUNERAL DIRECTOR	14/09	ADDRESS	250 RECDA	Y 1 4 196925b.		
VR A15 (4)0 30M REV (488.2)		The S. H. Hin	es Compan	y Washin	gtonDC DATE JAN	T 4 1303 7	1	0

. 1 , k ne ye . •

		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1178
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED NAME First Middle Last 20 DATE KNOWN Month	Day Year 2b HOUR
delay is and 3 to 13 Page	<b>3</b> S	EX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 15 UNDER 24 HRS 20 DATE PRONOUNCED DEAD	4 1969 255 M Year 17 20 HOUR
> .27 E	7a	BIRTHPLACE (Stote or foreign   75 C TIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	Year 1969 253 M
form form	(Oth	MIROMED WINDINGS IN STATE OF THE PROPERTY OF T	bM
after death  8. Give Pages 1, along with form with the State De		Rockville. give street godgesof Lincoln Ave_ during most of working life, event fetiged 1	NDUSTRY
hin 24 hours after death and in the Trem 18. Give Pages 1, 2 noter; affect along with farm pages +and 2 with the State Dephaurs after death.	0	USUAL RESIDENCE (Where deceased lived, if institution Res dence before 13c GTY OR TOWN domission) STATE; Ylary and 13b COUNTY And 19 convert Reckville YES 13d NO 13d 2 Lincol	n. AUR.
er office land 2 ours offer d		ATHER'S NAME First Middle Lost Is MOTHER'S MAIDEN NAME First Middle Phillip Mafen	Fields.
This certificate shauld be executed within 24 hours after death cate, writing the ward "pending" in pencil in Tem 18. Give Page be farwarded to the Chief Medical Examiler's Office along with 1 be used as a burial-transit permit. File pages tend 2 with the Stap remayal, and in any event within 72 haurs after death.		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es. no., or unix nawn) (If yes give war or dates of service)  (by yes give war or dates of service)  (by yes give war or dates of service)  (c) MRS ANNA JACKSON 312 lincoln a	ve, ROCKVILLE
vord "pending" in pe vord "pending" in pe ne Chief Medical Exar al-transit permit File any event within 72		18. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c))  PART I DEATH WAS CAUSED BY:  COPENDATY INSUSTICENCY A CONTROLLENCE OF  THE TO OR AS A CONSEQUENCE OF	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
shauld be execute: ne ward "pending" to the Chief Medical burial-transit permit		Canditions, if any, which gave rise to immediate cause (a), (b)  DUE TO, OR AS A CONSEQUENCE OF 10 10 10 10 10 10 10 10 10 10 10 10 10	years.
shauld e ward o the Ch ourial-tra		stating the underlying cause DUE TO, DR AS A CONSEQUENCE OF	
This certificate is ficate, writing the be farwarded to do be used as a b or remayal, and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rithe ritin rarde ra as	30	190. DATE OF OPERATION (196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
e, w farw farw	IFICAT	WAS PERFORMED?	YES NO SZ
<b>進</b>	MEDICAL CERTIFICATION	21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 19	
	MED	21d INJURY OCCURRED  21e PLACE OF INJURY (At hame, farm, street, white North White At WORK AT	Caunty State
L EXA cecute Page far yay DR: Pag		22a   certify that I took charge of the remains described above, held an Autopsy, Inspection [X], Inquiry 🔀	and in my opinian
bica lease ex director. brained f		death resulted fram: Natural causes 🖾, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined monner	
please I director retainer DIREC		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ( 226 DATE	SIGNED
necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem		SIGNATURE  SIGNATURE  EXAMINER'S  NAME (Type)  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)	4,1969
TO The the S T TO FI	230	BURIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
	24	FUNDRAL DIRECTOR ADDRESS 25g, REC BY REG STRAR 25b REGISTRAR 5	ONTG MD
VR ALSME (9)		PROBERT I SNOUDEN POCKYTLLE MD MAIN 10 1969 Kallone	en Juste.



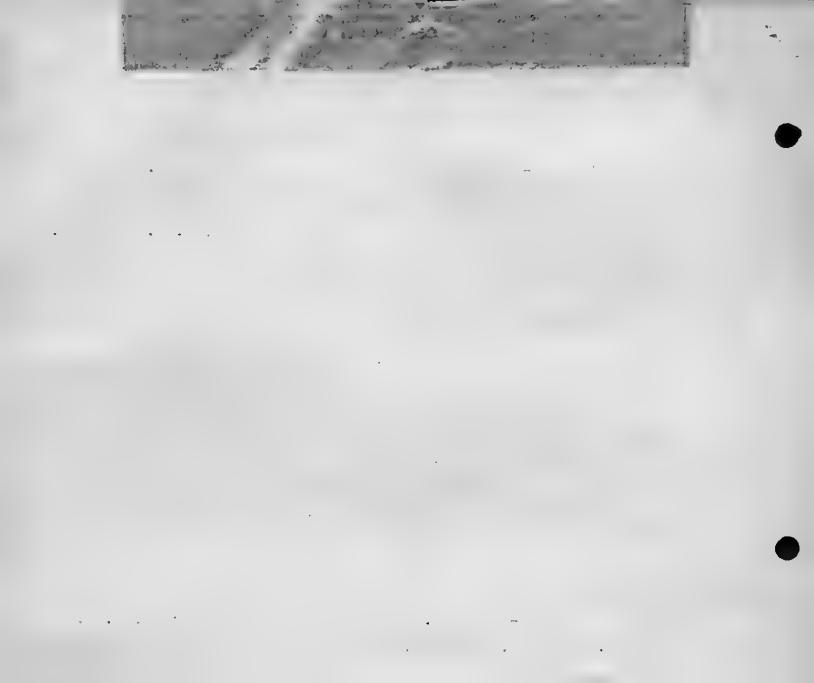
/		1185	DIVISIO	N OF VITA				REET, BALTIN		YLAND 21201	1-2-4-1-1	W 25
	I	tem#11, Fili					ATE OF				0117	( 9
€\ =2€/		SED-NAME Fire or print)			Middle		Lost		20 DATE OF	Usesha - D	1969	2b. HOUR
e e		How		H	edges !	Mull			Jan		, T. 200	12 A.M
ha executed within 24 haurs after death trans campletely filled in by the fundal in any event, within 72 haurs offer death	3. SEX ]v	fale	4. RACE	Whi	te		S. DATE OF BI			6. AGE (In years last birthday)	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
aurs 22	7a. BIRT	HPLACE (State or foreign	7b. CITIZEN	OF WHAT CO		8 MARRIED	X NEVER MAR	·	COUNTY OF	7.115		
d in pers	country)			USA	***************************************	WIDOWED	☐ DIVOR	RCED 🔲		omery		Md.
fille fille if Fille		OR TOWN OF DEATH		give street of	HOSPITAL OR INS			120 USUAL	OCCUPAT ON	(Kind of work done	126 KIND OF INDUSTRY	BUSINESS OR
wit etely urbar t, wi		AL RESIDENCE (Where dece	nead legat of			e Mil	L Road	Tat		life, even if retired )	Clot	hing Ind
physician. Signed by the attending physican and campletely filled in by the burial transit permit. Then please remave carban papers Paburial, crematian, or removal, and in any event, within 72 haurs	odmission	Maryland	136 (0	Miontgo	mery	Derwo		YES NO	1.00	910 Bowie	Mill Ro	l.
E E E	14 FATH	ER'S NAME First		ddle	Last	15	. MOTHER'S MA	AIDEN NAME Firs	t	Middle		Lost
te ka jangan and and in an ind in an	G	eorge Mull. S DECEASED EVER IN U.S. A	NED PODCES	1145.6	SOCIAL SECURITY N	0 117 1	G 3.3	rcie Jar	ne Hofi	Address		
he death certificate attending physica permit. Then plea	Yes, Γ	io, or unknown) (It yes giv	war or dates of se	Vr(0)	4-10-47	i i		line J.	Wines		lle. Md.	
requires that the death certifica g physician. s signed by the attending physic e burial-transit permit. Then ple a burial, crematian, or removal,		CAUSE OF DEATH (Enter	nly one couse	per line for							APPROXI	MATE INTERVAL NSET AND GEATH
ath nding		PART I. DEATH WAS CAUSE	ED BY:	, Z	7007	e	140	card	(al /	nfarci	TO LE BRITALES	NSCI AND DEATH
atte		411	DUE TO		ONSEQUENCE OF		Ü			/		
the the mati	Cor	iditions, if oπy, which gave to immediate couse (a)	7 0	)								
thought the strength of the st		ting the underlying cous	DUE TO		ONSEQUENCE OF							
equires that the physician. signed by the c burial-transit p burial, crematia		L' RT 2. OTHER SIGNIFICANT C		c) NTRIBUTING T	O DEATH RUT NO	T RELATED TO	THE TERMINAL	L DISEASE OR COL	NDITION GIVE	IN PART 1(a)		
ng programmer signal programme		The street steet to the steet to	<u></u>		001111					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
endii s bec	CERTIFICAT ON	. DATE OF OPERATION 19	o. CONDITION F	OR WHICH OP	ERATION WAS PER	RFORMED	20o. AUTO		20b. IF	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERT1FYING
The rath base use lith p	ESTE		OLO TOTAL				YES 🗌					
IAN: al a ficate far Hea		O. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF OR either, notify medical exar	ATH HOUR	TIME OF INJUR	nth Day Year	1	OW INJURY OCC	URRED (Enter n	noture of injur	y in Part 1 or Part 2	, Item 18.)	
rsic aspit certif bed it. of	₹ 21	J. INJURY OCCURRED 21	niner)   e. PLACE OF 1N	P.M. JURY / AT HO	ME FARM, STREET FAC BUILDING, ETC.		CATION Stree	et or R.F.D. Na.	City	or Town	County	Stote
PH he h this letac	Wi at w	ork Nat while Nork		OFFICE	BUILDING, ETC.	/	1.0		_ ′		'	
by the free does do	22	a. I certify that (I) (	his hospita	l) ottended	the decease	d from	1/10	, 19.6	7. ta	777,1	9 <u>6</u> 7, tho	(I) (we) last
R: A		causes stated obo	alive on re.(I) (we)	(did) (did r	ot) view the	9_⊆_/, on andv ofter	d that in (m death.	y) (our) opini	ion death o	occurred on the o	late and hour	and from the
A Sharing Shar	228	SIGNATURE	1 7	(0.4) (0.0)				uc /wrr	2	CTAFF 220	1-17-69	
OR DIRE		( -	1,6	eal	, ni	L 'DEGR		DIR	ECTOR -	STAFF PHYS.	1-17-59	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. of Health priar ta burial, cre-	220	I. PHYSICIAN'S NAME (Type)	Vui.	au c	> / 1	e-1/	22e. ADD	RESS Ga	ither	-56018	, M	d
HOS ge 4 FUNI recto	23o. BU	RIAL, CREMATION, 238	. DATE		23c. NAME OF	EMETERY OR	CREMATORY		23d LOCATIO	IN (City or Town)	(County)	(Stote)
07 07 in			-21-59		St. L	ukes		at - prostre	Redl	and Mor		<u> </u>
VR A15 (4) 30M REV 1/68(A)		ERAL DIRECTOR		*4	ADDRESS	26.2	00 7/0	JANC 284	Sted Bed	66. REGISTRAR	2 24 PANINK	
	Fra	ncis H. Bar	ber .	Layton	sville,	Md.	20760	DATE		<u> </u>		

BRAUVINKIIL EINIL ISLUAUIKALKII ISL LILALYLI





MARYLAND STATISTICAL DESCARCH AND DECO	DEPARTMENT OF HEALTH RDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	ATE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, w Institution: Residence before edmission a. STARE Maryland b. COUNT Montgomery
Bethesda  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Bethesda  d. STREET ADDRESS  o. IS RESIDENCE
9600 Forest Road	9600 Forest Road YES NO K
DECEASED	HY DATE Month Day Year OF Jan. 9, 19 69
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR IND	Dec. 24 1.884   84 yrs.
Nun -Catholic Sister	New York City, N. Y. U. S.
	Mary Elizabeth Jennings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yes, no, or unkown) (Ifyesgivewarordalesofsarvice)	7. INFORMANT Address Marchanite Train
18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]	INTERVAL BETWEEN
IMMEDIATE CAUSE (a)	VASCULAR COLLAPSE I-AN
Conditions, if any, which \ (b) ARTERIO	SCLENETIC HEART DISEASE STYP.
(a) stating the variations > DUETO	O SOCEROSIS, EENE 104YR
0	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES NO YES
206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCIOR CONTRIBUTING 204SE OF DEATH	IRRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCUBRED   2206.	PLACE OF INJURY (Home, farm,   20f. (City or lown) (County) (State)
Hour e.m. p.m. 19 al work al work	factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive on	hat death occurred all 5 M, from the causes and on the date stated above
228. SIGNATURE	ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S CHANLES SAVANES	E APRO. ADDRESS PARKY III FRY - BOCK VILL
	RY OR CREMATORY 23d, LOCATION (City, town or county) (State)
Burial 1-11 -69 Mt. Olive	t Cemetery Washington, D. C.
	yland Date 256, REGISTRAR'S SIGNATURE
	DECEASED    DECEASED   COLOR OR RACE   CARDIO



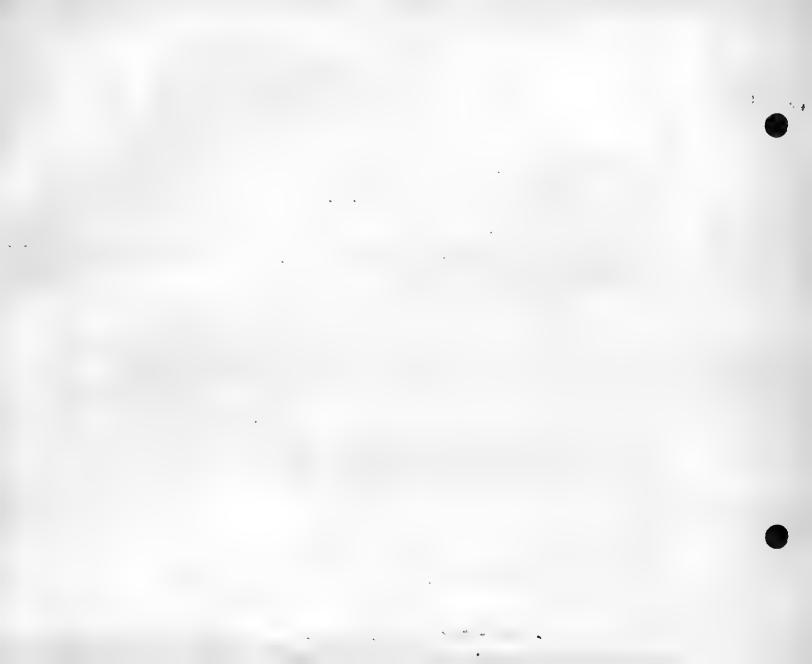
.1.	<sub>u</sub> 1		12	-3-69 ams division of vital records, 301 w. preston street, baltimore, maryland 21201	1102
100	FOR ST	ATE	Г	31180 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	HEALTH I			DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day (Type or Print)	
	2, and 3 to PM3. Page	40		ANNA L. Nelson DEATH MATED X 1 2	
	delo nd 3	E .		lost brinder) MONTHS DAYS HOURS MIN. Hand	Year 2d HOUL
	P. a	27		emale mile of 12/09 // ks	7807 19 69 11:25
4	- E	o o	(OU	BIRTHP.ACE (State or foreign   75 CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH  with   9 COUNTY OF DEATH   9 COUNTY O	Α
•	ges foi	ote	10	NO CONTROLL VIOLET VIOL	KIND OF BUSINESS OR
	hours after death ttem 18. Give Pages 1, Office along with form	the State Department	S:	ilver Spring   give street oddress)   during most of working [fe, even if retired.]   iND. housewile   O.	istry hore
	fter Giv Iong	with deoth	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY EMITS? 13e STREET AND NUMBER	
	5 _ 0 0 _ 0	·		Maryland Intgomery Silver Spring YES NO 11008 Nicholas Dr	· SS <sup>h</sup> d.
	nor Helm	ofter d	14	FATHER S NAME First Middle Lost IS. MOTHER S MAIDEN NAME First Middle	Lost
	Z. L. 1/4	A- 0			alenowa)
	in a second	hours		WAS DECASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 5.2.	
	within n penet Exoning	7 e		none   (1793 974 Well of Cocita 11008 No	
Q,		ermit. File within 72		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY.  Massive hilateral	APPROXIMATE INTERVÄL BETWEEN ONSET AND DEATH
Reap	executed inding in Medical E	permit.		PART I. DEATH WAS CAUSED BY. Massive bilateral	
E	e execu pending ef Medic	event		DUE TO, OR AS A CONSEQUENCE OF	
m	be ''pe	ev ev		(and thous, if only, which gove pulmonary embolus pulmonary embolus	
	should e word o the Ch	buriol-tronsit I in ony ever		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
Ã	the sho	buri n		lost. (t)	
aby	s certificate should be executed, writing the word "pending" if forworded to the Chief Medical	d be used os o b or removal, and	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	writ	used	MEDICAL CERTIFICATION	196 DATE OF OPERATION 195 COND TION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
Cleared		be u	RTIFIC		YES NO
ea	M-1		I CEI	21d EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1 HOUR A.M	8)
5	certificant could les.	shauld tion, or	200	CAUSE OF DEATH P.M. 19	
		2	25	21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, while not	ounty Stote
	EXAMINER: cute the certi- oge 4 should	<b>DIRECTOR:</b> Poge or to burial, crem		AT WORK AT WORK	
	Xect Po For	CTOR: F burial,		22a. I certify that Haak charge of the remains described above held an Autapsy , Inspection , Inquiry	and in my apinian
	blease explication director	<b>E</b> 2		death resulted from Natural causes (x), Accident . Suicide ., Hamicide ., Undetermined manner .	
	please e I director	prior to		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
	7 7 7 7	Prio brio		SIGNATURE M.D. ASSISTANT MEDICA. EXAMINER (	IED .
	necessary, the funeral 5 may be	FUNERAL Heolth prid	1	EXAMINER'S BELDEN K, EAD M. D. ADDRESTORM DIA TOWN JOUNTY) JAN.	2,1469
	5 g & ~	2 ±	23	Practical action of the control of t	unty) (State)
			13	1-4-1969 George Washington Cemetery Hyattsville Pr.	Georg. Md.
	A 400 - 6-3	SAME SICO	E	FOUREST DIRECTORY C. Glen Carter ADDRESS IL. Spr. Md 250 RECD BY REGISTRAR 256 REG STRARS SIGN	ATURE
	10M R		Ĺ	arner E. Pumphrey, Inc. 8434 Georgia Avenue Dal 1969 Jumes	7-7-



1	1	0118.	MAKTLANI DIVISION OF VITAL RECORDS,	U STATE DEPAKTMEN 301 W PRESTON STRET		MARYIAND 23201		
1	It.	emll FilmGlo8 1		ERTIFICATE OF D		MARIDAND 21201	1183	
haurs after death.		CEASED-NAME First ype or print) JOHN	Mddle EARL	NELSON	2o. DATI	E OF DEATH Doy	1969	2b HOUR
er d	3. SE		4. RACE	S. DATE OF BIRTH	l	6 AGE (In years		IF UNDER 24 HRS.
\$ <b>(2)</b>		MALE	NEGRO	12-25-	-1886	ios byrthdoy)	MONTHS DAYS	HOURS MIN
	7o. B		b CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIE	DI I	OF DEATH		
Je di		md	U.S.A.	WIDOWED X D VORCEI		ONTGOMERY		Md
empletely filled ve. carbon pape event, within 72		TY OR TOWN OF DEATH MARTINSBURG	11 NAME OF HOSPITAL OR INS	l Road	during RETPIRE	ON (Kind of work done	INDUSTRIONE	LSINESS OR
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and and are till till e. 3 should be detached for use as the burial-transit permit. Then please remaye carbon peed with the State Dept. at Health prior to burial, crematian, ar remayal, and in any event, within	13o odmi	USUAL RESIDENCE (Where deceosed ssion) STATE MD	13b COUNTY MONTG.			STREET AND NUMBER ELMER SCHOOL	ROAD	
and serving and se	14. F	ATHER'S NAME First	Middle Lost	15. MOTHER'S MA DI		Middle		losi
ician an lease re and in			IKNOWN		IRENE		HALLMAN	
tificate shysicie n plec val, ar		WAS DECEASED EVER IN U.S. ARMEE es, no, or unknown) (II yes give war	O FORCES? or dates of service)	O. 17 INFORMANT		Address		
equires that the death certificate b physician. signed by the attending physician burial-transit permit. Then please burial, crematian, ar remaval, and i		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	one couse per line for (o), (b), and (c).)	levetic Car	dinvase	Way Diseas	BETWEEN ONS	ATE INTERVAL BET AND DEATH
atten atten arten an, a	П	4123 IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF	18/6/10		W W / J(3 C+2	7	27.10
t the	Ш	Conditions, if ony, which gove	(b)					
that an. by the frant	Ш	rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF					
ires ysici ned rial-f		lost.	(c)					
by the haspital ar attending physician. fler this certificate has been signed by be detacthed for use as the burial-traistet Dept. af Health prior to burial, tre		Ostroay theit	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D	SEASE OR CONDITION (	As I i s	<b>10</b>	
beer 5 the ior to	NOIL		NDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY	1201	Malnuteite		TIFYING
has se as	CERTIFICATION			YES 🗀		USES OF DEATH?		
cate or us leaft		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (Enter nature of	injury in Port 1 or Port 2, it	rem 18.)	
a de fa	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year P.M. 19					
Wher this certificate has been be detached for use as the State Dept. af Health prior to	Н	ot work ot work	ACE OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.			City or Town	County	Stote
by Affer be Stat		220. I certify that (I) (this	re on 24 Jac 1	d from 7 une	, 19 <u>_6</u> 8 , to	San, 19	69, that (	(I) (vuo) last
O FUNERAL DIRECTOR: A director, page 3 should be filed with the Should		causes stated above,	(I) ( (did nat) view the b	ady after death.	ees) ohision ded	in accurred on the dat	e ana naur a	na from the
ECT SHE	П	226 STGNATURE	1 2 +- 1	ATTENDING	A-F MED	CTACE A	ATE SIGNED	^
DER Ge 3 ed 1		Lorden // 14	udvels Smith	DEGREE PHYS	MED D RECTOR	PHYS 4	an 6	9
Tage 4 may be returned  > FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the		220 PHYSICIAN'S NAME (Type) Cord	Ion Murdoch Sim	Th 22e. ADDRES	Barnesvi	11c, Md	1 2071	6,3
To be a first per tending of the napped of controlling director, page 3 should be defached for use as the should be filed with the State Dept. of Health prior to	230	BURIAL, CREMATION, 23b. DA		EMETERY OR CREMATORY  N CHAPEL CEME		AT ON (City or Town) ARTINSBURG,	(County) MONTG.	(Stote) MD
VR ATS (A)	24.	FUNERAL DIRECTOR	ADDRESS	25	O REC D SY REGISTRA		IGNAPIRE	e :
45M 1, 83		ROBERT L. SNOWDE	EN ROCKVILLE	MD D	JAN 8 1	000	00	



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0118	,
		CERTIFICATE OF DEATH	2
# = 2=		DECEASED NAME First Middle Lost 20 DATE OF DEATH (Type or print) A CONTROL AND A Month Day Years	2b. HOUR
death.		1) BROTTY ATTN NEWYTHN JAN 23 69	6/0
	3. SE	SEX  4. RACE  5. DATE OF BIRTH  6. AGE (In years   If UNDER LYAN  1. LITTLE S  1. L	
hours after death, a by it funeral s. Roges I ond 2 hours after death.	_	119/103 66 YRS	
hou hou z. hou	70 I	BIRTHPLACE (Stote or fore gn 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWER DIVORCED 9. COUNTY OF DEATH WIDOWER DIVORCED 9. COUNTY OF DEATH WIDOWER DIVORCED 9.	
in 24 h	-		Md.
	10 0	a design and the street address) and design and the supply trained a MOHKIPY	of Business or a home
w date	130	ISUAL DESIDENCE (Where despected hand if institution Peridence heters (13) CITY OF TOWN	
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours etained by the hospital or attending physician CTOE: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbon papers. Play the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours	odm	mission) ASIATE NO 13b. COUNTY D. C. YES NO 1553 NEWTO NS 7	. N.W
ond corremo	14. 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
n or din		William J. Mullin Blanche A.	Hazel
e death certificate b attending physicion permit. Then please on, or removal, and i	160	o WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, pgg or Linknown) (Hyes give war or dates of service) 577-56-0818 Burnell N. Newman 1653 Newton Street	
phy phy ova	-	The state of the s	DX.MATE INTERVAL
ing the search of the search o		18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c).)	N ONSET AND DEATH
attendi		IMMEDIATE CAUSE (0)	use son
the all		Conditions, if only which gove)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only which gove)	. O.
y th y th emo		rise to immediate couse (a)	2,0
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Page 4 may be retained by the hospital or attending physician to FUNERAL DIRICTON: After this certificate has been signed by the director, page 3 should be detached for use as the buriol-transity should be filed with the State Dept of Health prior to buriol, cremated.		stoting the underlying couse of the court of	much
aqui phy sign buri		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
w re ling een the r to	8		
The low ratending hos been se as the it prior to	CERTIFICATION	196 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN	CERTIFYING
Frank &	ERTIF	YES NO VASCUTE OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
YSICIAN: ospital or certificate hed for u			
YSIC ospi certi hed	MEDICAL	(If either, notify medical examiner)   P.M.   19     21d IN_JRY OCCURRED   21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.)   21f LOCATION Street or R.F.D. No City or Jown County   While   Not	Stote
PH The h this effoc		While of work of work of work of the state o	
ING by the ter se d		220.   certify that (1) (this haspital) attended the deceased from 19 , to 19 , to 19	iot (I) (we) lost
ed ted ted the She She She She She She She She She S		sow the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and ho causes stoted abave, (1) (we) (did not) view the body after death.	ur and fram the
To Show the state of the state		200 SIGNATURE 1	
OR Joe re de red w		DEGREE PHYS DIRECTOR D STAFF DIRECTOR D PHYS D	69
AL Oy to by the program of the progr		22d. PHYSICIANS 2 AM 2 22e ADDRESS	
Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to		With the state of	
Sge Sge Volume	230.	b BURIA_ (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County)  1-27-1969 Gate of Heaven Cemetery Silver Spring Montgom	(Stote)
2-2-04		GUERNIAN (Specify) 1-27-1969 Gate of Heaven Cemetery Silver Spring Montgom  ABBREAN CHRESTOP 267 C. Glen Earter ADDRESS I Spr. Md 250 RECIDENTER 256 REGISTRAR 256 REGISTRAR 3 SIGNATURE	
30M REV 1) 68		Attention of the Control of the Cont	tge.



STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31185 11189 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH death haurs after death (Type or print) Month eral James Newtor gar 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years F LINDER 1 YEAR IE LINDER 24 HRS lost butterny) 74 YRS MONTHS I DAYS HOURS 10-25 mal wh 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country USA DIVORCED [ WIDOWED Montgom +T requires that the death certificate be executed within 24 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, evin if selved) INDL STRY give street oddress etely weshington 130 USUAL RES DENCE (Where deceased I ved, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY 1 MITS? 3e. STREET AND NUMBER anyment odmission) STATE 13b. COUNTY SC363Y NO remave 5. wer Spring Mary 14 FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First Middle and and in Clau Newtor 16b SOCIAL SECURITY NO Yes, no, or unknown) crematian, or remayal, UDICAS CACCION NOS 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit burial, cremati Conditions if any, which gove > rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse be detached far use as the State Dept. af Health priar ta has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? CAUSES OF DEATH? YES DO NO F TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 216 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of shipty in Port 1 or Port 2, Item 181 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M (AT HOME FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work 220. I certify that (1) (this hospital) attended the deceased from 22, 1969, to 22, 1969, that (1) (we) lost sow the deceased alive on 29 1969, and that in (my) (our) opinion death occurred on the date and hour and from the be retained director, page 3 shauld shauld be filed with the couses stoted above, (1) (we) (did) (did not) view the body after death. 22b. SIGNADURE 22c. DATE SIGNED DEGREE DIRECTOR PHYSICIAN S 22e ADDRESS 22d 200 LOCATION (C.) or Town NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 236 (County) Baltimore, Lorraine Ceneteru Carier ADDRESS Silver Spr. Maso REFORE REGISTRAR



		MAKTEAND STATE DEPARTMENT OF HEALTH
20		01130 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1		CERTIFICATE OF DEATH 31185
<b>=</b> −2 <b>=</b>		ECEASED NAME First , Middle Lost , 20. DATE OF DEATH 2b. HOUR
haurs after death.  hay the funeral  range   and 2  formality   and 2	1	Type or print) EULALIA M. NIChols Mooth 3004 Green 9/AM
in the second se	3. SI	4. RACE  4. RACE  5. DATE OF BIRTH  6. AGE (In yeors   H UNDER I YEAR   IF ONDER 24 HRS.   ISSUED   INDICATED   IN
S EBINA	L	FEMALE WILLE 11-28-73 /3 YRS.
	76.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
7.5		WIDOWED DIVORCED TO SUPERIOR COURTY, Md.
きく 事を養し、	10.	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12b. KIND OF BUSINESS OR during most of working life, even if retired.)
· · · · · · · · · · · · · · · · · · ·	2	110ER Spelled Ind 1 140 14 (ROSS MOSE) Housewite
ppl de contraction de	13e odm	USUAL RESIDENCE (Where dereosed lived, if institution: Residence before 13c CHY OR TOWN , 13d USINE CITY UM 159   13e STREET AND NUMBER 13b. SQUARY CONTROL   13b. SQUARY CONTROL   13c STREET AND NUMBER   13c STREET AND NUM
campl campl	-	MA: MOTHOREY WERSTRA TO 809 DATEUTED SKIVE
and rem	14	FATHER'S NAME First Middle Lost IS MOTHER S/MAIDEN NAME First Middle Lost
ATENDING PHYSICIAN: The law requires that the death certificate be executed stained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and cample should be detached for use as the burial-transit permit. Then please remave contith the State Dept of Health prior to burial, cremation, or remaval, and in any even	1/2	Francis Miller Sarah Scattergoo WAS DICEASED EVER IN U.S. ARMED FORCES? [16b SOCIAL SECURITY NO 177. INFORMANT Address
icat rsici		(As no or unknown) (II) was stive west or dottes of secure)
phy nen	⊨	No 400-12-3377D Dorothy M. Bradshaw Same as #13
ing I		16. CAUSE OF DEATH (Chief only one couse per line for [0], [0], ond [c])
e death attendi permit. an, or ri	ı	IMMEDIATE CAUSE (6) SOLIGEBELL TELLILLE
e at per	l	Out To, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove)  Arteriosclerotic heart disease
at th 		rise to immediate couse (o).
s tho cian. d by -tran		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
equires physicio signed   burial-ti		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
o but		
dw Idin beer the	801	Basal cell carcinoma of skin of nose.  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
PHYSICIAN: The law re he haspital ar aftending this certificate has been letached for use as the subset of the letached for th	CERTIFICATION	YES NO CAUSES OF DEATH?
and the house	CERT	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
Ifica for for far fre	EDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
dsp cert hed t	2	21d INJURY OCCURRED 21e PLACE OF INJURY / AT HOME FARM, STREET FACTORY, 1 21f. LOCATION Street or R.E.D. No. (ilv or Town County State
PH he h his efac Dep	ı	While Not while of work of work
by the fifer if the decidence of the dec		22a. I certify that (I) (this haspital) attended the deceased from
A P P P P P P P P P P P P P P P P P P P	ı	saw the deceased alive an
ania September 1		causes stated above, (1) (we) (did) ( <del>did not</del> ) view the bady after death.
R A A SECTION IN WITH WITH WITH WITH WITH WITH WITH WITH	П	226 SIGNATURE / DIFFERENCE MED DIRECTOR
L OR / be ro	L	22d, PHYSICIAN'S DEGREE PHYS DIRECTOR PHYS. 17-37-69
May May Per Kal		NAME (Type) BERNARD A. FITZGCEALD 217 UNIV. BLUDE, SILKE SPRING MC.
TO HOSPITAL OR AFTENDING PHYSICIAN: The law requires that the death certificate be executed within.  Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplelely filler director, page 3 should be detached far use as the burial-transit permit. Then please remove careforn-pashould be filled with the State Dept of Health prior to burial, crematian, or remayal, and in any event, within	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
Pag Pag Africe Sho	200	Buria (Specify) 2-3-69 St. Dominic Philadelphia Pa.
= =	24.	FUNERAL DIRECTOR 2 ADDRESS P NV 1 250 RECID BY REGISTRAR 25b REGISTRAR 25b REGISTRAR 1
VR A15 (4) 30M REV, 1/68		Francis & Callis Silver Spring, mel DATE FEB 3 1969 Colleges Silver Springs, mel



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
₹ -24	1 DECEASED NAME First, Middle Lost 2a. DATE OF DEATH 2b. HOUR
er death. funeral i and 2 er death	(Type or print) MARY TO NIEFELD JANUARY 3 1969 5:00 M
Ter Ter	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 15 Under VEAR 15 Under 24 Hrs. lost bustnday) Months Days Hours Min
5 E	PESTIALE 110C1431ATO 17PRIL 16,1888 XO YRS.
D 4 2	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
filled in papers him 72	COUNTRY RUSSIA U.S.A. WIDOWED DIVORCED MONTGOMARY Md.
ithin within bon bon bon within	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital guring most of work done give street address)  12. LICA COD A 1. Give street address)  13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital guring most of working life, even if tehred.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital guring most of work done like the control of the con
od with	TEVER TRIVE HOLY CROSS HOSPIAL HOUSEWIFE
and completely filled in the funeral remaye carbon papers. Legel I and 2 nany event, within 72 hours offer death	130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c (LITY OR TOWN admission) STATE MARILAND MIDNITGO MARY STREET AND NUMBER YES NO 10/8 DEVERE DRIVE
any any	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
P Sie	ALEC TASH RIVA KATZ
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate is researched within 2 Page 4 may be retained by the haspital ar aftending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filledirector, page 3 should be detacted for use as the burial-transit permit. Then please remove carbon pages should be filed with the State Dept. af Health prior to burial, cremation, or removal, and in any event, within should be filed with the State Dept.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or Alphown (If yes give war or dates of service) 16b SOCIAL SECURITY NO. 317. INFORMANT 179-44-960 MRS. GOLDIE TREDMAN SQUEE Q-13)
The promote the pr	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
offeath cer offending propermit. The	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)
affe affe	DUE TO, OR AS A CONSEQUENCE OF
the sit p	fise to immediate cause (a), (b) A land land
physician. signed by the burial-transit burial, cremat	stating the underlying cause DUE TO, DR AS A CONSEQUENCE OF
y Sire	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
i: The law requires the ar attending physician the has been signed by use as the burial-tra alth prior to burial, cre	Time of the Potential
is the diagram	190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The ratte or has a lith pr	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 1216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, trem 18.)
ar a	
HYSICIAI haspital certifical certifical certifical failure fai	GOR CONTRIBUTING CAUSE OF DEATH OUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19  2 2 In INITIAL Y OF CHIRPED 12 is PLACE OF INITIAL ARM STREET FACTORY 1 215 (OCATION Street or R.F.D. No. 6 by or Town County State
HYS hass is cer rache bept.	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f, tOCATION Street or R.F.D. No. City or Town County State
the state of	at work at work
A September 1	sow the deceased office on 1967, and that in (my) (65) opinion death occurred on the date and hour and from the
Selection of the select	couses stoted obove, (I) (we) (did) ( <del>did not)</del> view the body ofter deoth.
OR ATTENDING PHYSICIAN: The low repertained by the haspital ar attending DIRECTOR: After this certificate has been ge 3 shauld be defached for use as the led with the State Dept. af Health prior to	22b_STGNAPPRE ATTENDING DEGREE PHYS. DIRECTOR DIRECTOR PHYS DIRECTOR DIRECT
At O	22d. PHYSICIAN'S 1A
TO HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 shauld be filed v	NAME (Type) MOTON Altschulk 4) 9200 Nas Nampshire He. Spry
O HOS Page 4 O FUN direct	23g BURIAL, CREMAT ON, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d, OCATION (City or Town) (County) (State)
5 5 5 £ 2	BREMOVAL (Specify) 1-7-1969 G. CO. CEMETERY HYATTSVILLE, MID.
VR A15 (4) 30M REV. 1 AB	24. FUNERA DIRECTOR JUNE 7 LAND HOMESS 4217-94 of MILE DATE



1 1	ı		DIVISION OF V		STATE DEPARTMENT ( 1 W. PRESTON STREET, B		01001	
		01199	DIVISION OF		RTIFICATE OF DEAT		3118	8
± 72.€		CEASED NAME Firs		Middle	Lost	20. DATE OF DEATH		2b HOUR
deat ond deat	(1	ype or print)	4 35	aylor	Nichta	A Mont		. JAM
fun fun Fer o	3. SE	X	4 RACE		S DATE OF BIRTH 2	6 AGE (I	n Veors F JNDER I YEAR	IF UNDER 24 HRS.
is after death.		Fringe.	2 2 to	11: 4	A.10.4.5-15	R 18 3 lost bir	thday) MORTHS DAYS	HÖURS MIN
	70 E	IRTHPLACE (State or foreign	76 CITIZEN OF WHA		MARRIED NEVER MARRIED	9 COUNTY OF DEATH		
1 01		hypennsylvania	U.S.A	**	IDOWED DIVORCED	1711	In the	Md
within 24 ely filled bon pape within 79	10 (	ITY OR TOWN OF DEATH	11 NAA give str	AE OF HOSP TAL OR INSTITE	TION (If not in hospital 12a dutin	USUAL OCCUPATION IK no of most physical light of of	work done 12b, K ND OF INDUSTRY	BUSINESS OR
する きょういん	130	USUAL RESIDENCE (Where deced	ised lived, if institution	n. Residence before 13	CTY OR TOWN TISH INSIDE	CTY LIM TS? 13e STREET AND		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with be retained by the hospital or ottending physician.  SIRECTOR: After this certificate has been signed by the ottending physician and completely to a 3 should be detached far use as the burial-transit permit. Then please renewer arboned with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the state Dept. of Health prior to burial, cremation, or removal, and in any event, with the state Dept.	admi	ssion) STATE Penn.	130 COUNTY Ch	ester F	st Chester YES		hestnut Stree	et
ord co	14 F	ATHER S NAME FISE	M ddle	Lost	IS MOTHER'S MAIDEN NA		Middle	Lost
1 Jan 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		XXXXXXX	ndes	Tayho	e Armenia	FLOCENCE		VORICE
that the death certificate be extian.  by the ottending physicion ond transit permit. Then please rether cremation, or removal, and in on.	160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	6b. SOCIAL SECURITY NO.	17 INFORMANT		Address	- CANC
riffic vol, v		es, no prunknewn) (It yes give	war or other or service)	179-36-278,	JHarold A. Fa	mous West Che:		
e e e e		IB. CAUSE OF DEATH (Enter o	nly one couse per line	for (a), (b), and (c) )	1	1 *	AFPROX BETWEEN	MATE HTERVAL DNSET AND DEATH
and in the south		PART I. DEATH WAS CAUS	FD RY	aronic 1	Anocard	1+15	1711	a wind.
otte		4123		A CONSEQUENCE OF	0 0 1	1		
幸 幸 ( )		Conditions, if any, which gove rise to immediate cause (a)	( Sei	necalized	( Hrterio	-scleros	15 Undete	CM I WAY
Fig. 75		stoting the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF		•	12 (	1
The law requires that the death cert oftending physician. hos been signed by the oftending pise as the burial-transit permit. Then the prior to burial, cremation, or remove the contraction of the contrac		lost		e re Dro			Videole	chinest
phy sign by the principle of the princip		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTE	NG TO DEATH BUT NOT R	LATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART	1(0)	
the rto	8	Fracture	d Les	4 hib	old Sy	ok 18, 196		
s b d s	S.	190 DATE OF OPERATION 196	CONDITION FOR WHIC	H OPERATION WAS PERFOR		20b IF YES, WERI	E FINDINGS CONSIDERED IN C	ERTIFYING
The se house	CERTIFICATION	A CELOPARE LA CALLED						
ANS.	AL C	210 ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAJSE OF DEA		Month Doy Yeor	21c. HOW INJURY OCCURRED	Enter noture of injury in Port	L or Port 2, Item 18.)	
SICI spirit entiff ed co	NEDIC	(If either, natify medical exam	iner) P.M.	19				
OR ATTENDING PHYSICIAN: be retained by the hospirol or DIRECTOR: After this certificate as 3 should be detached far with the State Dept. of Health	~	21d INJURY OCCURRED 21e While Not white 3 at work 01 work	. PEACE OF INJURY (	IT HOME EARM, STREET EACTORY, IFFICE BUILDING ETC	21f. LOCATION Street or R.F.C	No. City or Town	County	State
Se tage		at work of work				10.1		
A Stage		220. I certify that (1) (1)	ils hospitati atten	ided the deceased to	and that in (my) (our)	oninian double growing	2	(I) (we) lost
TEN The the		causes stated abov	e, (I) (we) (d·d) (c	lid nat) view the bod	ofter death.	obuign deality accorded	on the gole ong hour	una non me
A Paragraph A		22b SIGNATURE	. ///	X nI	ATTENDING >/	ALLO CLASS	22c DATE SIGNED	
S ed 3		Alina	1 1	-)all	DEGREE PHYS	MED STAFF D RECTOR PHYS	1 Jan 1, 1	969
AI VO AI		22d. PHYSICIAN'S NAME (Type)	~ 0 /		22e ADDRESS	062060	or Claile	0
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defoched far use as the should be filed with the State Dept. of Health prior to		7	rge L	$  \rightarrow$ $\alpha$		c. Sprin		2205
HO dge	h.	DEMOVAL (Sports)	DATE		TERY OR CREMATORY	23d MOCATION (City of	, , , , ,	(State)
57 5 5 ×	24	CARTIN T-3	3-69		Ave. Friends B		West Chester	. Punn.
VR A15 (4) 45M - 1 69	Z4 T. S	UNERAL DIRECTOR W. Lee	ey Inc.	8434 Geo Silver Sor	rgia Ave.	N 6 1969	REGISTRAR'S SIGNATURE	ege.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1189 MEDICAL EXAMINER'S CERTIFICATE OF DEATH LTH DEPT. 1 DECEASED-NAME First Middle Last 20 DATE KNOWN [T] Month Year (Type or Print) ESTI-Page DEATH MATED 5 delay and 3 IF UNDER 24 HRS DATE OF BURTH 3 SEX DATE PRONOUNCED 2d HOUR ₩. Year 12-05-0 MARRIED NEVER MARRIED 9. COUNTY OF DEATH e, writing the word "pending" in pencil in Item 18 Give Pages 1, farwarded to the Chief Medical Examiner's Office along with form DIVORCED [ WIDOWED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (King of work done 126 KIND OF BUSINESS OR give street address) during most of warking life, even if retired \ 13a USJAL RESIDENCE (Where deceased lived, if institution, Residence before 13c City OR TOWN 13d INSIDE CITY JM TS7 13e STREET AND NUMBER YES NO poges loads 14 FATHER'S NAME 15. MOTHER S MAIDEN NAME First F/ - Harre 17 INFORMANT ADDRESS (Yes no, ar unknown) 074-09-3445 E ... APPROX MATE INTERVAL within CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).) executed BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY Hemorrhage, Massive Gastroentestinal IMMEDIATE CAUSE (a)\_\_\_\_\_ event DUE TO, OR AS A CONSPOLIENCE OF burial-transit Canditions, if any, which gave Duodenal Ulcers, Multiple rise to immediate cause (a), certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .≘ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Б OS remayal, used 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? cate, YES 3 NO þ Š 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 23c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) shauld should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d NJURY OCCURRED 2 le. PLACE OF INJURY (At home, form, street, 27f LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy A Inspection X Inquiry X and in my opinian death resulted fram: Natural causes 🔀 Accident . Suicide 🗍 Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth John G. Ball may ADDRESS(Street, city, town ar county) NAME (Type) 0 23a BURIA, CREMATIC 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote)
y York (County) St. Mary's Cemetery REMOVAL) Specify) Dewitt 24 FUNERAL DIRECTOR RObert A. Pumphrey ADDRESS 25a REC D BY REG STRAR 2S6 REGISTRAR S SIGNATURE 7557-Wisconsin Ave., Bethesda, Md. **YR A15ME (5)** 10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0119' CERTIFICATE OF DEATH 01190 DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Lloyd Odend hal 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE ( n veors IF GNDER YEAR lon buthday) Male MONTHS DAYS HOURS Caucasian 3-6-1883 7o. BIRTHPLACE (State or fore.an 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH Maryland United States Montgomery WIDOWED [ DIVORCED | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSJA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street poddess) Attorneye, even retired West university Blvd. West and Attorneye, even retired Kensington 130 USUAL RESIDENCE (Where deceosed lived if institution, Residence before 13c CITY OR TOWN 3d TNS DE CITY JAMETS? 13e. STREET AND NUMBER 13b COUNTY Montgomery requires that the death certificate be execut Kensington 3114 University Blvd. West signed by the attending physician and carr burial-transit permit. Then please remave 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Lost Lucien Claude Cornelia Grant 160. WAS DECEASED EVER IN L.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown) [Ill yes give war or dates of service] ar remayal. 215-50-3362-T Mrs. Evelyn W. Odend'hal, same as #13 18 CAUSE OF DEATH (Enter on y one couse per line for (o) (b), ond (c))
PART DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH buriol, crematian, Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the haspital or attending physician stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION, GIVEN IN PART 1(0) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior to I 19o. DATE OF OPERATION 1961 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Doy Year 21d. INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, FARM, STREET LACTORY) 21f LOCATION Street or R.F.D. No. While - Not while -City or Town While Not while at work 226 SIGNATURE ATTENDING PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Philip H. Varner 10620 Georgia Ave. N.W. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23d LOCATION (City or Town) BUT 1 (Specify) Woodlawn Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR 2Sb. REG STRAR S SIGNATURE Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. 1969 N.W. Wash D.C. 20016



	1			ID STATE DEPARTMEN		
		01195 DI	VISION OF VITAL RECORDS,	301 W. PRESTON STREET	T, BALTIMORE, MARYLAND 2	1201
•				CERTIFICATE OF DE	ATH	J1181
4 24		CEASED NAME First	M ddie	Lost	20. DATE OF DEATH	26 HOUR
haurs after death.  Dy the funera.  San ages 1 and 2 hours'after death.	{1	ype of print) Marci	1	06/8	Month	Doy Yeor 316
fun 1	3 SE		RACE	S. DATE OF BIRTH	6 AGE (In	YEAR IF UNDER YEAR IF UNDER 24 HRS
s after the days of the days of the days		Female	Whi. to		last birthe	dy) MONTHS DAYS HOURS MIN
T ST	70 5	IRTHPLACE (State or foreign 7b	CITIZEN OF WHAT COUNTRY?	6-9		YRS.
면 무 무 무 나는	COLF	try)	CHIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED		
in 24 l	10.6	ITY OR TOWN OF DEATH	W2H	WIDOWED DIVORCED	- 110011 10	merced Mo.
dertificate be executed within 24 haurs after death physican and campletely filled in my the funerar linen please remave carbon papers. Pages 1 and 2 maval, and in any event, with n 22 hours after death	10. (	Royn or DEATH	give street oddress)		120 USUAL OCCUPATION (Kind of wo	
d w	130	LSUAL RESIDENCE (Where deceased in	ved. f institution: Residence before	13c CITY OR FOWN 13d .	NSIDE CITY LIM TS? 138 STREET AND NU	MDED
physician. Signed by the attending physician and completely formal-transit permit. Then please remave carbon burial, cremation, ar remaval, and in any event, with	odm	ssion) STATE D. C.	AL COUNTY	Washing to A YES		4 CASTAUR RIVE
exe id c emo	14 F	ATHER'S NAME First	Middle Lost	15 MOTHERS MAIDEN	NAME First	Middle Lost
be an		11:11 Ann	8 0618		Killing 1	1. 12/2
onc car		WAS DECEASED EVER IN U.S. ARMED F		NO 17 INFORMANT		ddiess
ilification (in the control of the c	Y	es, no, or unknown) ( * yes give wor or o	lates of service) 577 60-	3516 Helen	Och Sister	× -0 0
naver and a		18 CAUSE OF DEATH (Enter only or			Je Je Je Guard	APPROXIMATE INTERVAL
a death ce other dian, ar remain, ar remains		PART I DEATH WAS CAUSED BY	Canaba	1 11 1		BETWEEN ONSET AND DEATH
death death.		IMMEDIATE C		COL PLEMORKI	1098, MUBBINA	J. Olays
tion be o		Conditions, if ony, which gove	DUE 10, OR AS A CONSEQUENCE OF	011'-10 6 1.	Die	54
rat		use to immediate couse (a),	(0)	erive, Carti	ovoscular, Dis	2006 0 200 BZ
the spanning of the spanning o	П	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	•		
y siç	П		(t)			
by the hospital ar aftending physician.  By the hospital ar aftending physician.  Ifer this certificate has been signed by the be detached far use as the burial-transit positive.		PART 2. OTHER SIGNIFICANT CONDITIO	ONS CONTRIBLITING TO DEATH BUT N	OT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART 1(	p)
law nding been s the ior to	No	10 0175050000171011 2101 5011				
ten kan sa basa sa bara sa bara sa bara sa sa bara sa	CERTIFICATION	190 DATE OF OPERATION 196 COND	DITION FOR WHICH OPERATION WAS PE		CAUSES OF DEATHS	INDINGS CONSIDERED IN CERTIFYING
在百点 8 至 · 人	E E			YES [	NO DA	
PHYSICIAN: The law re to hospital ar attending in this certificate has been stacked for use as the boot of Health prior to the total tota		216 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH	HOUR A.M. Month Doy Year	21c HOW INJURY OCCURRE	ED (Enter noture of injury in Port 1 c	r Port 2, Item 18)
District Party of the Control of the	MEDICAL	(If either, notify medical examiner)	P.M. 10			
G PHYSICIA the hospitor r this certifi defacted f te Dept af f		21d INJURY OCCURRED 21e. PLAC	E OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUHLDING, ETC.	TORY.) 21f LOCATION Street or	RFD. No City of Town	County Stote
the detailed		While Not while 1		-		
ATTENDING etained by th CTOR: After the shauld be de ith the State		22a. I certify that (I) (this h	<del>ospital)</del> attended the deceasi	ed from you 10,	_, 1958, to Jan 6	, 1969, that (I) (we) last
ed de Sed	ы	saw the deceased alive	on 10 N 5	969, and that in (my)+	<del>out)</del> apinian death accurred at	the date and haur and from the
# F in the part	П	22b 5 GNATURE	(we) (did) (did not) view the	bady after death.		
AL OR ATTEND ay be retained IN DIRECTOR: Al page 3 shauld 1 3 filed with the S	14	120 1 GNA OKE 6 9/0	Red on A	ATTENDING	MED. STAFF	22c. DATE SIGNED
Ped		27d. PHYSICIAN'S	HOLOY !	II C/ I	DIRECTOR DIAPPHYS	fen. 6, 767
TO HOSPITAL OR ATTENDING PHYSICIAN: The law ranged a may be retained by the hospital ar attending to Funeral DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept of Health priar to the shauld be filed with the State Dept of Health priar to the state Dept of Health priar to the shauld be filed with the State Dept of Health priar to the s	Н	NAME (Type) FRANK	(S. BACON	M.D. 27e ADDRESS	41- K-St.N	.W.
Joseph 40 Sanda	23o	BURIAL (REMATION, 236 DATE	T23c NAME OF	CEMETERY OR CREMATORY	23d LOCAT ON (City or To	wn) (County) (Stote)
Page Page		REMOVAL (Specify) Burial 1-9-3		ill Cemetery		ince Georges Co., Mo
170	24				RECARY REGISTER 1969St. RE	
VR A15 (4) A	1	Joseph Gawler's	sons, inc., Jijo	MT2C. WAS.	0	0 0
1070		V.W., Wash., D.C	20010	DAT	16	





2 1	Ttems, 18822a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH 1-30-99 ams division of vital records, 301 w. preston street, Baltimore, Maryland 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	71153
HEALTH DEPT.	DECEASED-NAME First Middle Lost 20. DATE KNOWN Month (Type of Print) DATES AND DECEASED.	Doy Yeor 2b HOUR 125 Opt
delay	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (a years is United 24 Hrs. 2c DATE PRONOUNCED DEAD Month 1 Day 6	2d HOUR
orm Depor	70. BIRTHPLACE (Slote or foreign   7b citizen of what country?   8. Married   Never Married   9 county of death   Widowed   Divorced   . Montgome	
after death 8 Give Pages along with for with the State leath.	10 CITY OR YOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 1)	126 KIND OF BLS NESS OR INDUSTRY VY. Dept.
affer along with eath.	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN odm'ssion) STATE Md. 13b COUNTY P.G. Chillum VES NO 620 Sheridar	
Italian Office Office and?	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle August Olson Johanna Janson	Losi
within 24 pencil-ser xaminer's ile pages 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes NTO- OF US NOVE OF THE PROPERTY OF THE PROPE	TAR RT.
ould be executed word "pending" in the Chief Medical Exion-transit permit. Fix any event within it	IB. CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c)  PART I DEATH WAS CAUSED BY:  IMMICIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove nise to immediate couse (o), storing the underlying couse  (b)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE NICEVA, BETWEEN ONSET AND DEATH
ate and a	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
his or te, be referenced	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  2 o EXTERNAL CAUSE WAS  2 to TIME OF INJURY Month, Doy, Year  121c HOW INJURY OCCURRED (Enter nature of injury in Part.) or Part. 2 Ifer	20. AUTOPSY? YES NO
늘 등 등 %	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19	m 18)
= a ~ ± € 5	21d. INJURY OCCURRED  WHILE AT WORK  AT WORK  21e PLACE OF IN. JRY (At home, form, street, form, street, at work At wo	County State
JTY DICAL  Try, please exected director. P be retained for RAL DIRECTOR  prior to burio	220. I certify that 7 aak charge of the remains described above, held an Autaps , Inspection , Inquiry death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER . 22b. DATE S. BEP_TY_MEDICAL EXAMINER .	and in my apinian
TO DEPUTY necessary, the funera 5 may be 10 FUNERA Health pr	NAME (Type) Belden R. Reap, M.D. Appressing of county)	(County) (Store)
₩ A15ME (5)	= PEMOVAL (Specify)	ESOTA
10M REV, 1/68	VIII MUMBELS W, COO WALL I DAIL	U



		1119,	MAKYLAN DIVISION OF VITAL RECORDS,		EPAKIMENI O		APYLAND 21201		
	Ιt	or 23c,FilmG409			TE OF DEAT		ARTERNO TITO	.1:5	Z.
,	ID	ECEASED-NAME First	Middle		Last	2a. DATE I			2b. HO]FIM
		ype or print) Emily	NMN	Pan			January 2607	1969	1:05
	3. \$	r Female	4 RACE White	S	7 May 190	9	6. AGE (In years last hirthday) 59 YRS.	IF UNDER 1 YEAR MONTHS GAYS	HOURS MIN
	70.	BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY?	B. MARRIED TS	NEVER MARRIED	9 COUNTY O			
1	Ne	w Jersey	USA	WIDOWED [	DIVORCED [		Montgo	mery	Mc
1		Bethesda	give street address The CI	Linical	n hospital 12a Center durin	USUAL OCCUPATION OF MORE	N (Kind of work done a life, even if retired )	125 KIND OF E	ay Co.
	13a. adm	USJAL RESIDENCE (Where deceased ission) Maryland	laved, if institution. Residence before 13b COUNTY	13c, CTY OR TO	OWN 13d INSIDE		STREET AND NUMBER 311 Brookle		
1		ATHER'S NAME First	Middle Last		NOTHER'S MAIDEN NAM		Middle		Last
		Joseph	Garofalo			Antonia		de Lore	nzo
		WAS DECEASED EVER IN U.S. ARMED es, no pr unknown) (If yes give war o			ORMANI The Mo		ecord Address NIH, Bethe		
		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED E	ane cause per line for (a), (b), and (c)				gastritis	APPROXIM BETWEEN OR	NATE INTERVA. NSFT AND DEATH
		PART I DEATH WAS CAUSED E	CAUSE (0) Sepsis wi	th Cand:	da pharyn		sophagitis	1 we	ek
		Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF				eukemia		4.2
		rise ta immediate cause (a), (	(b) BLASTIC TO		lation of	chronic	granulocyti	.c o mo	onths
		stating the underlying cause last.	(c)						
		PART 2. OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE	OR CONDITION GIV	/EN IN PART 1(o)		
,	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PE	RFORMED	2Da. AUTOPSY?	CALIC	IF YES, WERE FINDINGS CO		RTIFYING
	ERTE	21a ACCIDENT WAS UNDERLYING	OT TIME OF INVIDE	101- 1101		0 🗍		Yes	
	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M.	9	·	1	jury in Part I ar Part 2, I	tem 18.)	
	×	21d INJURY OCCURRED 21e. PL While Not while of work	ACE OF INJURY ( AT HOME, FARM, STREET FA	CTORY ) 21f LOCA	TION Street at RFD	Na. Ci	ty ar Tawn	Caunty	State
		at work at work	harnital) attended the decays	ad from 2	Nov.	10 68 to	26 Jan. 10	69 that	06 () 1
		saw the deceased aliv	hospital attended the decease on 20 January	ea 6000 19_69, and 1	hat in 16345 (aur)	apinian death	accurred an the da	te and haur o	er (we) to
		causes stated abave,	(C)x (we) (did) (WATKON) view the	bady after de	ath.				
		22b SIGNATURE	Complete	MDDEGREE	ATTENDING	MED. DIRECTOR	- STACC	Date signed January	- 1060
		22d. PHYSICIAN S	Jamaha	T-11DOFOREE			cal Center,	Nation	al
	١.		ard J. Samaha, MD	•	Institut	es of He	alth, Bethe	sda, Md	. 2001
	<b>2</b> 3a	BURIAL, CREMATION, 23b. DA		CEMETERY OR CR		1//	ON (City or Tawn)	(Caunty)	(State)
	24	BURIAL, CREMATION, 236. DA	AN. 1969 Hack		Cemetery		ENSACK NO		EY
	24	MAIN FILLERAL T	HOME 1400 GEORGIA	//	200/> 250. REC		25b REGISTRAR'S	Le Carl	48
	M '	TO TO TO TO TO TO THE	IDITE 1100 ACURTIN	1705.10.1	DANGE	111 M M 111	JUL A	A. Carrie	



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED NAME First Middle Jost 2a. DATE KNOWN Month Day Yeor 2b H (Type ar Print). The state of the state	QUE
r is to	Praces / Pol Mer Death Mated Dall 24 189 /	M
eto) d 3 l. Pr	3 SEX 4 RACE S DATE OF BIRTH 6 AGE in years   FUNDER 24 NES   2c DATE PRONOUNCED DEAD   20 HOURS MIN   MONTHS DAYS HOURS MIN   MONTHS DAY YEAR OF THE PRONOUNCED DEAD   20 HOURS MIN   MONTHS DAY YEAR OF THE PRONOUNCED DEAD   20 HOURS MIN   MONTHS DAY YEAR OF THE PRONOUNCED DEAD   20 HOURS MIN   MONTHS DAY YEAR OF THE PRONOUNCED DEAD   20 HOURS MIN   MONTHS DAY YEAR OF THE PRONOUNCED DEAD   MONTHS DAYS HOURS MIN   MONTHS DAY YEAR OF THE PRONOUNCED DEAD   MONTHS DAYS HOURS MIN   MONTHS DAYS	OUR
ny deloy is 2, and 3 to PM3. Page	7e W- June 68, 18 10 - 48 yrs 1300 24 1969 7	AM
100 /	70 BIRTHPLACE (Stote or foreign   76/CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   WIDOWED 67 DIVORCED   MODIFY OF DEATH   WIDOWED 67 DIVORCED   MODIFY OF DEATH	
fler death ny deloy is Give Poges 1, 2, and 3 to ong with farm PM3. Poge ith the State-Department of oth.		Md.
ofter death S. Give Poges Jong with far with the State, eoth.	10 CITY OR TOWN OF DEATH  11 NAME OF HOSP TAL OR INSTITUTION (If not in haspital  12a USUAL OCCUPATION (Kind of work done)  12b KIND OF BUSINESS Of during most of working use, even fret red.)  12b KIND OF BUSINESS Of Housewife	R
offer 8. Girl long with i	130. USLAL RESIDENCE (Where deceased lived, if institution Residence before 13c GTY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Md. 13b COUNTY Kentjernery Kensington YES & NO 2708 Co. 1927 4 AVC.	
haurs ofte mem 8. Gi Office Non Genetz with		==
古信留 [ 章 ]	D V	
hin 24 ncil ip nine s poges hours	Leitge 100 Xer Strickler  166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	_
within pencil xamine ile pog 72 hou	(Yes, no unknown) (Hyes give war or dottes of service) 215 54 76630J1 James D. Parker - son same item #:	13
C (T		
urte ical isal itha	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) Bronchial Prevmonia.  Between quist and dea  3 doys.	TH
xecuted nding" ( Medical permit	IMMEDIATE CAUSE (a) 757 677 677 677 677 677 677 677 677 677	_
be executed the brief we ansit per event	(and hans it any, which gave) 42 5	
ould h	statum the underlying cause C DUE TO, OR AS A CONSEQUENCE OF	
should be e he word "pel to the Chief burial-transit d in any ever	Generalizad Atterio Solerisis - Years.	
This certificate should be executed cote, writing the word "pending" in the forwarded to the Chief Medical E be used as a burial-transit permit for removal, and in any event within	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate writing the invarided to seed as o movel, and	Freeture. Rt. Hip	
ote, writing forward as torward as used as removel.	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  20 AJTOPSY?  WAS PERFORMED?  20 AJTOPSY?	
This crote, be to do be to do be to do		X
# 등 본 일	210 EXTERNAL CAUSE WAS 216 TIME OF NJURY Manth, Day, Yeor 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)	
(AMINER: 1 te the certific je 4 should b four files. oge 3 should cremation, ou	CAUSE OF DEATH	
	factory office building etc.)	ote
DEPUTY BICAL EXAMINER: scessary, pleose execute the cert e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should be prior to buriol, cremathon.		
pleose execute director. Page estimated for younger out to buriel, on to buriel, on	22a   certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my opi	nton
bica bleose ex- director. etained DIRECTO	death resulted fram: Natural couses 🗍 , Accident 🖼 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲	
y, pleosing direction of retain to prior to	ACTUAL  CHIEF MEDICAL EXAM NER  22b DATE SIGNED  22c DATE SIGNED	
JTY ITY, errol be be pri	7936 Old Georgetown Roadur V Jan 2 4 1969	
o DEPUTY necessary, It the funeral S may be r o FUNERAL Health prid	NAME (Type)  John G. Ball Bethesda, Md. ADDRESS(Street, city, town, or county)	_
o the	23a BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) (County) (State)	
	Burian (1/27/69 St. Mary's Cemetery Rockville, Montg. Md.	
$\mathcal{O}$	24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE  THE CONTROL OF THE PROPERTY OF	
VR A15ME (5) 10M REV 1/68	Tyson Wheeler Funeral Home 1331 Rockville PikejAN 27 1969	
	OCKVILLE, "CO.	



1 1		0.4		S 301 W PRESTANTAL	ET, BALTIMORE, MARYLAND 212	01 ₹
		01203	priving of the frequency	CERTIFICATE OF D		v1136
£ _2∉		CEASED NAME First	Middle	Lost	2g. DATE OF DEATH	2b. HOURA
aurs after death.  by the funeral Pages, 1 and 2 nouss after death.	ļ. (I	(pe or print) Cla	ra Moore	Payton	1-30-69 Month	Doy Year 2:10 M
fundamental form	3. SE		4. RACE	S. DATE OF BIRT	H 6. AGE (In year	S IF UNDER 1 YEAR IF UNDER 24 HRS.
urs after		female	Negro	March 1	8. 1883   lost birthdoy)	YRS. MONTHS DAYS HOURS MIN.
ours ofter by the full points after our saffer	7o. B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE		
	coun	irginia	America	WIDOWED DIVORCE		Md
paper paper	10 C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If not in hospital	120 USUAL OCCUPATION (Kind of work)	dane 12b KIND OF BUSINESS OR
	Ţа	koma Park	Washington S	Sanitarium	during most of working tife, even if reti None	
icate be executed will size and completely please remove carbon, will, and in any event, will,	130	USUAL RESIDENCE (Where deceded	sed lived, if institution: Residence before 135. COUNTY	e 13c CITY OR TOWN 13d	INSIDE CITY LIMITS? 13e. STREET AND NUMB	
W e su		hington D.C.	139. COUNT?	Y	<sup>ES</sup> → NO□ 604 60tl	n, N.E.
any dr	14 F	ATHER'S NAME First	Middle Last	IS MOTHER S MAID	EN NAME First Mid	
be ed n and control of the control o		Jeferry	Moore		Hester Moon	re Wanzer
an an	160	WAS DECEASED EVER IN U.S. ARI	MED_FORCES? Not or dates of service)  16b. SOCIAL SECURIT	Y NO 17 INFORMANT	Addr	<b>ess</b>
tiffic n p val,	Ľ	no.	579-44-5	858 Patien	t's chart	
e death certificate be attending physician permit. Then please an, ar removal, and		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), and	(c).)	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
raff		PART 1. DEATH WAS CAUSE IMMED.	D BY. ATE CAUSE (a) Pulmo	nary Emb	olus Bilater	al
e de afte an, c		41 1	DUE TO, OR AS A CONSEQUENCE (	/		
th the		Conditions, if ony, which gave	1 mmo	bility		
that In. by 1 ans		rise to immediate cause (o), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	OF		
sicio sicio al fr		last	(1) Debilit	ation 2 h	SHOY DIRNETES M	rellitus
equires that th physician. signed by the burial transit burial, cremati		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL C	DISEASE OR CONDITION GIVEN IN PART 1(0)	
v reing en tal	×.					
lav endi bs the	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPS		INGS CONSIDERED IN CERTIFYING
The atta	I E			YES 🔣	NO CAUSES OF DEATH?	
In are leading.		21a. ACCIDENT WAS UNDERLYI		21c. HOW INJURY OCCUR	RED (Enter nature of injury in Part 1 or F	ort 2, Item 1B.)
A Pite Pite A Pi	MEDICAL	or contributing cause of DEA (If either, notify medical exami	TH HOUR A.M. Manth Day Ye iner) P.M.	19		
has cer iche	Æ	214 ME INV OCCUBRED 21.	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f LOCATION Street	or R.F.D. No. City or Town	County State
this the property of the prope		at work at work				
by 1 ffer be o	Ш	22a. I certify that (I) (th	is haspital) attended the decea	ised fram Nov	, 19 6 ਨੂੰ , ta ਪਰਮ ਤੇ 0 (aur) apinian death accurred an t	, 19 <u>69</u> , that (1) (we)-last
END ed Ped he S		saw the deceased of	e(1) (we) (did) (did nat) view th	_19 <u>97</u> , and that in (my)	(aur) apinian death accurred an t	he date and hour and tram the
T to the total tot	П	22b. SIGNATURE	etti (we) and (and mar) view in	e budy unes dedin		22c. DATE SIGNED
REC 33.33.33.33.33.33.33.33.33.33.33.33.33.		Brand Van	wihan mo	DEGREE PHYS.	MED. STAFF DIRECTOR DIRECTOR PHYS.	1.30.69
V. V		ZZd. PHYS CIAN S	100001 - 1110	22e. ADDRF		
MA MG		NAME (Type) BR	ADLEY NELSO		4- 1 1/	252
Page 4 may be retained by the haspital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial transit permit. Then pleshould be filed with the State Dept af Health prior to burial, crematian, ar removal,	23 g	BURIAL CREMATION. 23b	DATE 23c, NAME (	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town	(County) (State)
Pag OF		The second secon	11. 10 -	oln Nemonia	Suitland M	
20	24.	FUNERAL DIRECTOR	ADDRI	SS 22 2	Sa. RECD BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
30M REV 1/85	H	OFTMAN'S	Funcal Home		DATE FEB *4 1969 /	man ( ) John Man
UTI				<del> </del>		



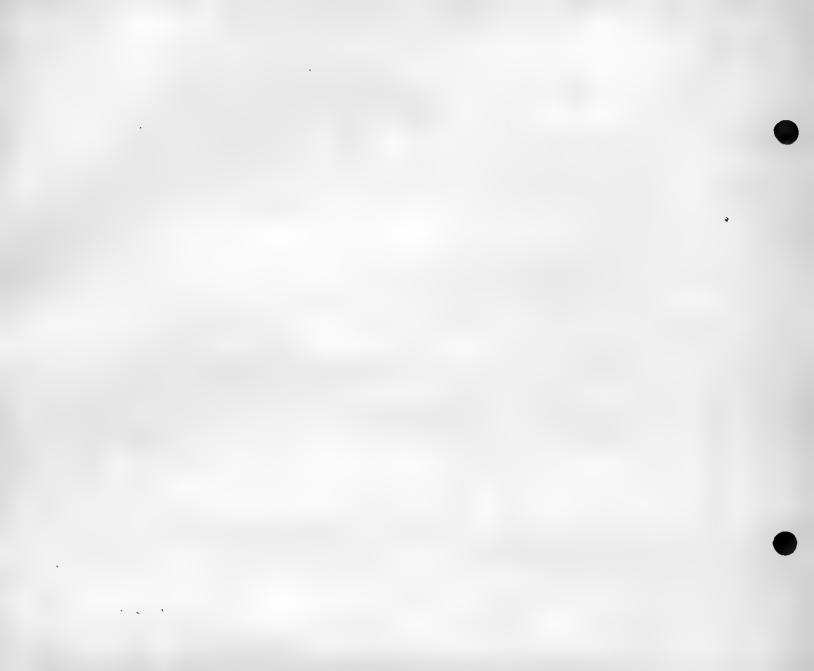


11	1	DIVICION OF VITAL DECORDE 201 W D	E DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		:0.1.2.11	R'S CERTIFICATE OF DEATH	91198
HEALTH DEPT.		DECEASED NAME First Middle	Lost 20 DATE KNOWN Mon	
af 50 50 15	1	Type or Pont) Recco	Pisani OF EST. DEATH MATED X 200	-75
delay	3. S M		DE IN YOURS IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Organdor) MONTHS DAYS HOURS M.H. Mogeth Dospo	
e Depo	€00	11.5.A.	8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH	M
or death	<	ilarox Snri:- give street address) Onns		
with	13a	USUAL RESIDENCE (Where deceased lived, if institution Residence before idmission) STATE A.d. 13b COUNTY to the county	t. a	ds Street
24 haurs in Item 1 is Office s 1 and 2	14.	FATHER'S NAME First Middle Lost piac	15 MOTHER'S MAIDEN NAME First Middle	Last
within 24 pencil in xaminer's ile pages 72 haurs	16a ('	WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or unknown)  (if yes grow war or dottes of service)	17. INFORMANT ADDRESS 168 Palph Piso is 9310 Carolice Aug	e. Milyer Spring
tertificate should be executed variting the ward "pending" in invarded to the Chief Medical Exised as a burial-transit permit Filmoval, and in any event within 7		The cause of DEATH (Enter anly one cause per time ion a), (b), and (c) PART 1 DEATH WAS CAUSED BY  IMMEDIATE CALSE (o)  DUE TO, OR AS A CONSEQUENCE OF conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	y artery Heart Disea	APPROX MATE INTERVAL BETWEEN OWSET AND CEATH  C
re e e e	CERTIFICATION	190. DATE OF OPERATION 196. (ONDITION FOR W WAS PERFORMED?	?	20 AUTOPSY? YES NO
行	MEDICAL CEI	21d EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19		2, Item 18)
EXAMINER: icute the certifage 4 shauld or your files. E. Page 3 shau of, cremation,	M	21d IN.URY OCCURRED  WHITE MOT WHITE  AT WORK AT WORK  21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.)	21f LOCATION Street or R.F.D. No. City or Town	County State
necessary, please executhe funeral director. Pag 5 may be retained for 10 FUNERAL DIRECTOR: Health prior to burial.		PEMOVAI (Spaceful)	CEMETERY OR CREMATORY  CEMETERY OR CREMATORY  CESS  CENTER MEDICAL EXAMINER  ALOREST THE CAL EXAMINER  ALOREST THE CAL EXAMINER  ALOREST THE COUNTY  CEMETERY OR CREMATORY  23d LOCATION (City or Town)  CEMETERY OR CREMATORY  23d LOCATION (City or Town)  25c RECIDIBLY REGISTRAR  25c RECIDIBLY RECIDIBLY REGISTRAR  25c RECIDIBLY RECIDIBLY RECIDIBLY REGISTRAR  25c RECIDIBLY RECI	ATE SIGNED  (County) (State)
VR ATSMERAY	1	"a* a* E. P. phrey. I.c. Silve + S	DATE JAN 16 1989	carles judge

Part .

· .

	2-	11-69 ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	
FOR STATE		€ 1 2 0 3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1199
HEALTH DEPT.	1 0	FEEASED-NAME First Middle Lust 2a DATE KNOWN Month Da	Yeor 2b HOUR
2, and 3 to PM3 Page spartment	1	OZJUZSTZI FIJIZZZ DEATH MATED JAN	6 1967 P M
Second Find	3 5	EX 4. RACE S. DATE OF BIRTH 66. AGE (In years let under 1 YEAR 15 JNOER 24 HRS 2c DATE PRONOUNCED DEAD lost byrdgy) MONTHS QAYS HOURS MIN Month Doy	2d HOUR
A PROPERTY OF THE PROPERTY OF	22	1/2/2 NOAM C/T, 7/12/1 4 YRS 1 5 A17. 17	Yeor 19 69 3 5 M
Dep.	7o 1	BIRTHPLACE (Stole or Foreign 76 CITIZEN OF WHAP COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED NOT 20 MILES	/
far far	7/2	Company of the control of the contro	KIND OF BUSINESS OR
death ny ve Poges 1, 2, 1, with farm Pl		give street_address) // D - D   during most disporting life, even / ret.red ) INC	USIDY
fer death Give Pages ag with fai fn the State th.		SUAL RES DENCE (Where deceased I ved, if institut an Residence before 13c CITY OR TOWN 13d, INS DE CITY OWN 13 MS DE CITY OWN 15 MS DE CIT	privare.
after allowed and allowed death.		dmission) STATE MECHEN 13b. COUNTY Montgomary Chan Chase. YES \ NO \ HOWKIN	5 Lone
hours after death Item 18. Give Pages 1, Office along with farm 1 and 2 with the State De after death.	14. F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
INER: This certificate should be executed within 24 in certificate, writing the ward "pending" in pencil in should be farwarded to the Chief Medical Examiner's files.  3 should be used as a burial-transit permit. File pages action, or removal, and in any event within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (es. no. pr. pknown) (If yes give wor go dates of service)	
with pen cam ie p	1,1	10 10 (10 (10 WI)) (11 yes give way a alone of service) 242-14-1046	
ed to the first		18 CAUSE OF DEATH (Enter only one cause per line for (α), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ing' ing' ermi with		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) / 17-4-44-4-4  Exposure to cold	12 hr.
ent pent		Out to, OR AS A CONSEQUENCE OF  Conditions, if any, which gove ) Teatty metamorphosis of liver and cirrhosis	3/
d be d " f Chie rans		rise to immediate couse (a), (b)	попсцв
shauld be executed with water ward "pending" in pera the Chief Medical Exar burral-transit permit. File in any event within 72		art The same of a shall are	Years
e sh the ta ta ta nd m		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
TY DICAL EXAMINER: This certificate sy, please execute the certificate, writing the red director. Page 4 shauld be farwarded to be retained far your files.  (AL DIRECTOR: Page 3 shauld be used as a britar ta burial, cremation, ar remayal, and		THE TAILED TO THE TENENT OF TH	
ertif writ war war sed ava	ATIO	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
INER: This certificate, writ should be farwar files. 3 should be used and in the should be used and in the should be used notion, or remova	CERTIFICATION	WAS PERFORMED?	YES 🔀 NO 🗌
Page /		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth Day, Year PRIMARY OR CONTRIBUTING HOUR A.M.	18}
INER: e cert shaul files. 3 shau ation	EDICAL	CAUSE OF DEATH P.M. 19	
the the ur find find find find find find find find	100	WHILE MOT WHILE factory, office building, etc.)	County State
bical Examiner: se execute the certi ector. Page 4 shauld ned far your files. ECTOR: Page 3 shau a burial, cremation,		AT WORK AT WORK	1.1
Executed Figure 1 Fig		22a. I <b>certify</b> that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry A death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	and in my apinian
ITY please eral director be retained prior to bury.		death resulted fram: Natural causes 🔀, Accident 📙, Suicide 📋, Hamicide 📋, Undetermined manner 🗀	7
ag de		ACTUAL 225 DATE SIG	
dry, and be		SIGNATURE	18,1969
necessary, please execute the the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type)  ADDRESS(Street, city, town, or county)	
5 = = 2 D = -	230	DOTHOUS COLLEGE	Junty) C (State)
1/20 May	24	drial las of gamony cerm variables	MARTINE
VR ATSME (S)	24 \	The state of the s	THE SE
10M REV 1/68		Cellean Dougler - 027-8-St NE-D.C. DAVAN 24 1969 yourse	- Judge



	1	MARTLAND STATE DEPARTMENT	I UF HEALIK	
11		1120 a DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET	T, BALTIMORE, MARYLAND 21201 🙈	1900
		CERTIFICATE OF DE	ATH	1200
	1. DI	CEASED NAME O First Middle O Lost	2a. DATE OF DEATH	I ou Louis
r death. oneral, I and 2		ype or print)	Month Day	Year 26 HOUR
p and	3 SE	LOBERTO TEFFT TOLHAMUS	Jan 22	1969 1 0 M
urs after y the fur gages 1 års after	/	) only of biking	AGE (In years F	UNDER I YEAR OF JINDER 24 HRS
rs afte		Emale 64, fe 2/12/8	last b thiday) MO	DATE TOURS IN MINE
000	70. E	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED		
24 hours after death	(45.	Lenn US / WIDOWED DIVORCED		MA
	.0 C	ITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (if not in hospital   1	120 USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
Line American	13	etherda givestreet address)	during most of working life, even if retired.)	INDUSTRY
6 ਵਿੱਚੋਂ	3a	LS_AL RESIDENCE (Where deceased lived, if institution Residence before 13G CITY OR TOWN 3d In	NS DE CITY LIM TS? 13e STREET AND NUMBER	HTHOME
event,	Odg:	CIATE LISE COUNTY /	NO 7410 Ridgewie	od Road
and		ATHER SNAME First Middle Last DS MOTHER'S MAIDEN		
one on		WILLIAM A. Tokst	and the second s	Last
ian ian	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT	EMMA — Address	Asong
fico ysic ple ple		es, ap, or unknown) (It yes give wat or dates of service)	( )	. 4
erti ren ph			JOIHAMUS ->AME //S	APPROX.MATE INTERVAL
ing in	ш	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) ) PART I. DEATH WAS CAUSED BY:		BETWEEN ONSET AND DEATH
end		1/ 3 IMMEDIATE CAUSE (0) Uremia - Senal	Failure	± 6 mo
att att	ΙÌ	DUE TO, OR AS A CONSEQUENCE OF	2	
the the mat	ш	(and trians, if any, which gave) rise to immediate cause (a). (b) Nephrosclerosis a	nd/01	20 years
an. by ron crer	Ш	storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF		0
sicies sicies of the solution of the sicies of the solution of		651. (1) Chronic Puelone,	phritis	//
requires that the death certificate be execute physician.  In signed by the attending physician and fame bur of-transit permit. Then please remove a buriol, crematian, or removal, and in any experience.		PART 2 OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE	EASE OR CONDITION GIVEN IN PART 1(a)	
ng en to	NO	Anemia, broncho pneumonia		
lay be the state of the state o	FICATO	19a. DATE OF OPERATION 19b. CONDIT ON FOR WHICH OPERATION WAS SERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
binG PHYSICIAN: The law reby the haspital or ottending lifter this certificate has been be detached for use as the State Dept. of Heolth prior to	I FI	YES [7]	NO CAUSES OF DEATH?	
or after us	9	21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c, HOW INJURY OCCURRED	D (Enter nature of injury in Port 1 or Port 2, Pen	181
ital All	MEDICAL	LI DIR CORTRIBUTING CAUSE OF DEATH   ROUK A.M. Manth Day Year [	the state of the s	. 10-3
asp asp	B.		R.F.D. Na. City or Town (	Co. and a second
PH' e h his bitac Dep		21d. INJURY OCCURRED While 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R	KED. NO. CITY OF TOWN	County State
te de t			10/61 40 600 10/	
After Parts	П	22a. I certify that (1) (this haspital) attended the deceased from 2001 saw the deceased give an 22 1964, and that in (my) (a	, 19 <u>67</u> , ta <u>len 25</u> , 19 <u>6</u> our) apinian death accurred an the date	9 , that (1) (we) last
R. TEN	П	causes stated abave, (I) (we) (aid) (did nat) view the bady after death.	did to the	and navr and tram the
ATTEND etained a CTOR: Al shauld b		22b. SIGNATURE	27c DATI	E SIGNED
OR ATTENDING be retained by th SIRECTOR: After to e 3 should be de ed with the State		Market More S Mindegree PHYS	MED. STAFF DIRECTOR DIRECTOR DIRECTOR	.12 10 60
AL O		22d. PHYSICIANS 22e. ADDRESS	SINCELOK - THIS - TOUT	183,1969
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or ottending physician.  FO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burol-tron should be filed with the State Dept. of Heolth prior to burrol, crease.		NAME (Type) James R. Moore Jr. M.D. 5701	Y. Frederick Aur Ga	ithersburg
UNI Sollo	23o	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY		(ounty) (State)
Pog Pog shc	2	REMOVAL (Spec fy)		A 1 k
F E C/8	24.		M, LIADENS BUR ( RECO BY REGISTRAR S SIG	
VR AIN AN	1	,		L. Indal
V	<u>J0</u>	2. CHWEER 3 DNS, SI30 WIS. OF VE, NOWSH. D. (1.   DAT	JAN 29 1969 Juliane	00

1.2

• _	1			NO STATE DEPARTMENT OF		
* pr 5		0.00	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	01201
		01205		CERTIFICATE OF DEATH		O T 14 17 W
- 2-£		ECEASED-NAME First	Middle	Lost	20 DATE OF DEATH	2b. HOUR
lear and lear	1	(ype or print) John	Robert	Poulton	January 8	1969 10 PM
fun I	3. 5		4 RACE	S. DATE OF BIRTH	6 AGE fin veors	FUNDER I YEAR   F JINDER 24 NRS.
haurs after death mov, the funeral s Pages 1 and 3		male.		8/26/8	last birthday) M	DATES DAYS HOURS MIN
wrs Pa	70	B RTHPLACE (State or fare on	76 CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
	€00	ntry)		8. MARRIED NEVER MARRIED NUMBOWED NOVORCED		
	10	ITY OR TOWN OF DEATH	Canital States	NSTITUTION (If not in hosp to) 120 b	SUAL OCCIPATION (Kind of work done	12b KIND OF BUSINESS OR
feely full pour principle in the pour princi	I .		give street oddress)	ashindan during	mast of work no life, even if retired.)	INDUSTRY
\$ / \$ a a a a	13n	SUAL RESIDENCE (Where decens	ed lived finstitut on Residence before	13c CITY OR TOWN 13d INSIDE CI	TY LIMITS? 130 STREET AND NUMBER	Dursery
PHYSICIAN: The law requires that the death certificate be executed writing the haspital ar attending physician. The certificate has been signed by the attending physician and completely filler stacked for use as the burial-transit permit. Then please remove carbon post to the filler prior to burial, cremation, ar removal, and in any event, within	odm	ission) STATE D. C.	ed lived, if institution. Residence before	WASHINGTON YES X	NO 1436 Hemloch	Church book
J ca	14	FATHER 5 NAME First	Middle Lost	Is. MOTHER'S MAIDEN NAM	F First Middle	- STACE F. W. O.
and in a			201		BARBARA	1 LIA TEXX
ian ian ind	154	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 16b, SOCIAL SECURITY			
ysic ple	N		or or dates of service)	1,0361	1-61 11 00 166	akoma Parking.
ph		2 1/2 Common 2 1/2		resamplination St.	in pariner a will fol ,	APPROXIMATE INTERVAL
re death cer attending p permit The		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	ly one couse per line far (a) (b), and (a)	^		BETWEEN ONSET AND DEATH
eat mit ar i		IMMEDIA	ITE CAUSE (0)	monanged	sua	ラケーン
ath on,		1579	DUE TO, OR AS A CONSEQUENCE O	F		
# # # # # # # # # # # # # # # # # # #		Conditions, if any, which gove	(b)	remana	- paneveal	-
by can		rise to immediate couse (o), ( stating the underlying couse(	DUE TO, OR AS A CONSEQUENCE O	F	0	
physician. signed by burial-trai	Н	lost.	(c)			
ign of the state o	Н	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE (		
ng l	-	6	Teneralize	d arleveor	clilerosis	
ndir bee	100	19a. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS F	ERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CON	ISIDERED IN CERTIFYING
N: The law re ar attending the has been use as the calth prior to	CERTIFICATION			YES NO	CAUSES OF DEATH?	
ter		21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		nter nature of injury in Part 1 or Part 2, Ite	m 18.)
fice all the Hard Hard Hard Hard Hard Hard Hard Hard	3	OR CONTRIBUTING   CAUSE OF DEAT	N HOUR A.M. Month Day Yea	r		
SIC spi spi sent ned t. o	MED	(if either, not fy medical examinated 21d. INJURY OCCURRED 21e.		ACTORY,) 21f. LOCATION Street or R.F.D.	No. City or Town	County State
G PHYSICIAN: The law in the haspital ar attending in this certificate has been detached far use as the te Dept, of Health priar ta		While Not while at work	OFFICE BUILDING, ETC.	211. LOCATION SHEET OF K.F.D.	No. City of Town .	Courty
NG Property of the different property of the			s hasnital) attended the decea	sed from 1/6 % , 19	) to 1/\$ 196	7, that (I) (we) last
Aft Aft State		sow the deceased of	live on 1/8/67	.19, and that in (my) (our) (	ppinion death occurred on the date	and hour and from the
A Series and the series and the series and the series and the series are the series and the series are the series and the series are the seri	L	couses stated above	, (I) (we) (did) (did not) view the	body ofter deoth.		
reformation with with with a second s		22b. SIGNATURE	-0.	ATTENDING	MED STAFF STAFF	ITE SIGNED
DIR Gd 3	-	Salviele	June	DEGREE PHYS	MED STAFF DIRECTOR PHYS D	19/6/
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the schould be filed with the State Dept. of Health priar to	L	22d. PHYSICIAN'S NAME (Type)	PICK TAMESON	22e. ADDRESS / 8	Georgea Silver	purgle.
UNE 4	230	BURIAL, CREMATION, 23b. (		F CEMETERY DR CREMATORY	23d LOCATION (City or Town)	(County) (State) Md
5 5 5 4 K	1	BANGVALAS pecify) 1-		incoln Cemetery	Colmar Manor, Pri	
	24	FUNERAL DIRECTOR	Sons, Inc., 5130	S 250. REC	BY REGISTRAR 256 REGISTRARS SI	
30M REV OB	1	oseph Gawler's	Sons, inc., 5150	Wisc. Ave.	N 1 3 1969 SP REGISTRABS ST	0.0
a,		Wash. D.	Vaa. CVVIO	0.41		



	Ιt	ems#5021. FilmG	MARYLAN MARYLAN MARYLAN	D STATE DEPARTMENT OF F 301 W. PRESTON STREET, BALT	HEALTH	01202
77	It	eml: FilmGLOR 1/	/23/69 kk	CERTIFICATE OF DEATH	INIONE, IMPATIBAND 21201	1 10 10
Sife de		CFASED NAME First	2120 Middle	Lost	20 DATE OF OEATH	2b. HOUR
funeral funeral and ter dear	[]	Ype or print) Alex	J.	Powel1	Jan Month 14 Doy	1969 M
after after	3. SE		4. RACE	S. DATE OF BIRTH 17	6. AGE (In years	IF UNDER YEAR IE UNDER 24 HRS. MONTHS DAYS HOURS MIN
Pages the after		Nale	White	April XX	1926 42 YRS	
hours hours	(our	IRTHPLACE (Stote or foreign try)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIEO X NEVER MARRIED	9. COUNTY OF DEATH	
hin 24 filled i papel	10.0	Pennsylvania ITY OR TOWN OF DEATH	USA 11 NAME OF HOSPITAL OR IN	WIDOWED DIVORCED 120 USUA	Montgomery N. OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after disath retained by the hospital or attending physician.  RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I and with tille State Dept of Health prior to burial, crematian, ar removal, and in any event, within 72 hour after death		lver Spring	give street address)	during me	ost of working life, even if retired.)	INDUSTRY
campletely ove carbor y event, wi	130	USUAL RESIDENCE (Where deceased	d lived if institution: Residence before	13c CITY OR TOWN 3d INSIDE CITY IS	oker M 15°   13e. STREET AND NUMBER	Real Estate
amp ove eve	odm	ssion) STATE Maryland	13b COUNTY Montgomery	Wheaton YES 😾 NO	2002 Plyers Mi	111 Rd.
and con remo	14.	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME F		Lost
ichan ar lease ra and in		Alexande				Stanavich
it the death certificate the attending physician ist permit. Then please matian, ar removal, and	160.	WAS DECEASED EVER IN U.S. ARME es, no, or unknown)     f  yet give wor ES	D FORCES? 16b. SOCIAL SECURITY I 172-20-75	17 INFORMANT	Address	
phy phy nen nava	1				Powell Same as	APPROXIMATE INTERVAL
ding ding rem			one couse per line for (o), (b), and (c) BY:	e KIDNEYS	PENDI ENLINES	BETWEEN ONSET AND DEATH
dea tten rrmit n, ar		1484 IMMEDIATI		E 11110013	KUND PHILUKE	
the and the attention		Conditions, if ony, which gove )	DUE TO, OR AS A CONSEQUENCE OF			
that an. by tl ransi crem		rise to immediate couse (o). ( stoting the underlying couse	(b) DUE TO, OR AS A CONSEQUENCE OF			
equires to physicial signed burial-tr		lost.	(c)			
phy phy sign burd burd		PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE ORG	ONDITION GIVEN IN PART 1(0)	
ding ding leen the ar to	₩.	190. DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS PE	DEGRAPO AA AUTODOVA	20b. IF YES, WERE FINDINGS CO	MICHAEL MI CENTRYING
ne for them them to be as be a	CERTIFICATION	190. DATE OF OPERATION 190. CC	DUDITION FOR WHICH OFFICIALION MAY LE	RFORMED 200. AUTOPSY? YES NO	CAUSES OF DEATHS	MSIDERED IN CERTIFIING
ar of the history of	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		r noture of injury in Port 1 or Part 2, It	
CLA)	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Day Yeor		1	
PHYSICIAN: The law requires that the death certificy he hospital ar attending physician. This certificate has been signed by the attending physiciached for use as the burial-transit permit. Then pleated for use as the burial-transit permit. Then pleated for use as the burial-transit permit.	MEC	21d. INJURY OCCURRED 21e. P	PLACE OF INJURY ( AT HOME FARM, STREET, FAC	TORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
the this deta	П	at work of work				
by the fifter the decidence of the decid		22a. I certify that (I) (this	haspital) attended the decease	ed from 194	34, to 14-1AN, 196	69, that (I) (we) last
FEND ned NR: A suff	П	causes stated above,	(1) (we) (did) (did nat) view the	ed fram, 19_6 9527, taild that in (my) (eer) api bady after death.	man deam accurred an the dat	e and naur and Irain ine
AT RECTO		22b. SIGNATURE	10//		22c, D.	ATE SIGNED
or o		MAUN TO	1000 m1/		RECTOR PHYS. 15.	JAN 69
May RAI Poly Poly Poly Poly Poly Poly Poly Poly		22d PHYSICIAN'S NAME (Type) WALTE	R E. G002H 1	122 ADDRESS 2309 SHOK	PEFIELD RD WH	EATON MP
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that Page 4 may be retained by the hospital at attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-translation of the filed with the State Dept of Health priar to burial, creating the prior to	730	BURIAL, CREMATION, 23b. DA		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		REMOVAL (Specify)	n 17 1969 Park	lawn Cemetany	Rockville Mon	it. Maryland
VRATERA	24.	FUNERAL DIRECTOR	500 Unim ADDRESS	1 276 0 15 230. KLCD 0	Y REGISTRAR 2Sb REGISTRAR S S	SIGNATURE
30M RE# 68		frances staller	> Letwer Gran	The DATE AN	20 1969 yellan	Card Name



		0 1 2 () DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
			01203
ath.		CEASED NAME First , Middle Last 2a. DATE OF DEATH TO A Month , // Day	Yeor 26 HOUR
3 5 5	<u> </u>	MACHRINE C. TRICE JAN 18	JHOER I YEAR IF LINDER 24 HRS.
	3 SE	S. DATE OF BIRTH  6. AGE (In years   150   20   10   10   10   10   10   10   1	
by by	70. £	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
d in pers	20	OSh D. C. U.S. H, WIDOWED DIVORCED MONIGOMEN	ey Md.
cuted within 24 hours merompletely filled in by many carban papers. Page event, within 72 hours after	10 0	TY OR TOWN OF DEATH  It NAME OF HOSPITAL OR INSTITUTION (If not in hospital  VER STRING  It NAME OF HOSPITAL OR INSTITUTION (If not in hospital  during most of working life, even if retired)  HOVER	26. KIND OF BUSINESS OR INDUSTRY
d wi arba arba	13a	ISLIAI PESIDENE (Where deceased lying if institut on Pardone before 12 FITY OF TOWN - 124 INSING OTT HAITS 120 STREET AND NILMOSE	- 07
executed complete com	odmi	ision) STATY/AR Y/AND 13b. COUNTMONTGOMERY Chery Chareyes NOT 8200 Cols la	N Place
	14. F	ATHER'S NAME First Middle Last 13 MOTHER'S MAIDEN NAME First Middle	Last
ate be	14.	CECILLEROY BLAKE FRANCIS EVORA EDGES WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address	COMB
The law requires that the death certificate be executed attending physician. The beath has been signed by the attending physician and as as the burial-transit permit. Then please can atthe prior to burial, crematian, or remayal, and in any		in social secont in U.S. ARMED FURCES? TOO SUITAL SECONT IN INFORMANT G. PRICE 8200 CCLS?	13 N PL . Md
ng p The		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death ce attending a permit. The		PART I. DEATH WAS CAUSED BY Grain hegalive Septicemia	avs.
he deat aftend permit ian, or		Conditions, if ony, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave)	Lakec
at t . the nsit		ase to immediate cause (a), (b)	11493
quires that t physician. signed by the burial-transit		stoting the underlying couse   DUE TO, OR AS A CONSEQUENCE OF   Colon	Sew most
equires physicio physicio signed burial-tr burial-tr		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
law randing been s the ior ta	Š	Acute myocardial Infahetron	Dearth III centinum
The la attendation of the second of the seco	CERTIFICATION	19d DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONST	DERED IN CERTIFYING
ar are lost us		210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 1216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	18.)
YSICIAN: aspital ar certificate hed for u	MEDICAL	TOR CONTRIBUTING CAUSE OF DEATH  (If either, notify medical examiner)  P.M. Month Doy Year  19	
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior ta	M	21d INJURY OCCURRED VIOLENCE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town of work of work	ounty State
by the fitter the definition of the definition o		220. I certify that (I) (this hespital) attended the deceased from, 1960, ta, 1960 saw the deceased alive on is, and that in (my) (our) opinion death occurred on the date	Z, that (I) (we) lost
TENDING med by th DR: After to auld be d		saw the deceased alive on 1967, and that in (my) (our) opinion death occurred on the date causes stated above, (I) (we) (did) (did not) view the body after death.	ond hour ond fram the
ECT C		22b. SIGNATURE ATTENDING TO MED. STAFF TO 22c. DATE	SIGNED
TAL OR nay be a Direction of the order		DEGREE PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR	18/67
MAN		NUMBER OF THE PROPERTY OF THE	ryland
D HOSPITAL OI Poge 4 may be D FUNERAL DIR director, page shauld be filed	230		County) (State)
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	200	REMOVAL (Specify) 2 1-22-69 CEDAR HILL SUTUANID ME	, "
VR A15 WOOD	24.	FUNERAL DIRECTOR ADDRESS 2SG. REC'D BY REGISTRAR 2Sb REGISTRAR'S SYST	NATURE ALERAN
30M REV. Mad	Re	BERT A. PUMPNREY BETH- Md DATEJAN 23 1969 1	11 17

MADELAKII SIALE HEDADIKIEKI IJE MEALIM



u 1	1		DIVISION	OF VITAL			ARTMENT OF N STREET, BALT		DVIAND 212	01			
FOR STATE		1126,	DIAISION				ERTIFICATE			U I	2 0	120	,
HEALTH DEPT.	1.0	ECEASED NAME	First	MICD	Mid-		Lost	OF DEAT	20 DATE 1	NOW NO			Audit.
W D P	Ü	Type or Print)	JAMI	ES		4	RAGLAN	ID	OF	ESTI-	l 24	Yeor 65	12b. HOUR
3 ME	3 51	EX 4	RACE	S DATE OF		6 AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HE	DEATH RS. 2c DATE PE	ONOUNCED DEA	n .	1.3	2d HOUR
delay and 3 ment			WHITE		20/03	66 YRS	MONTHS OAYS	HOURS N	Month Month	2%		Yeor 19 65	12AM
1, 2, m P	7o (	BIRTHPLACE (State	or foreign 71	CITIZEN OF A	WHAT COUNTRY?		RRIED ANEVER MAI	RRIED 9.	COUNTY OF DE			,, 0.	TEM
	coun	IN WAS	1.DC	0-	SA	WiD	OAID DIAC	ORCED 🗀	MONT	GOMERY	COU	NTY	Md
State		ITY OR TOWN OF				AL OR INSTITUTION	l (If not in hospitol		L OCCUPATION ()	nd of work de	ne 2b k	KIND OF BUSI	NESS OR
we had	S:	ilver S	pring,	Md.		Cross		$\perp J M V$	ist of working lit	ATOR	d) INDUS	5 60	VT
24 hours after death in Item 18. Give Pages 1, rs Office along with farm es land 2 with the State Dies after death.		JSGAL RESIDENCE dm+ssion) STATE	(Where decease	d I ved, if inst I t3b. COUNTY	titution. Residence	before 13c CITY		d INSIDE CITY LIMITS	,	AND NUMBER	_		
		ATHER'S NAME	NID first	Mid		V / A	AUREL	YES NO	3 0 . 4		AHI	cc 1	IR.
hor Ten Office O	14, 1	1	FIRST	Mid	D A /	Lost	15 MOTHER'S MAII	USE	irst	Middle	1100	Lost	
hin 24 ncil in nuner s pages l	160.1	WAS DECEASED EVER	IN ILS ARMED EC	DECESS.	166 SOCIAL SEC	HIDITY NO	7. INFORMANT	OSE		ADDRESS	NOK	-	
within pencil kamine ile pag		les no, ar unknown		or or distas of service		1-1537	7. IN OKRANI	151	1200	NDDKE33	A 130	1	
f with the Example of File		LO CAUSE OF O	CATH /Coast only		r lipe For (a), (b),		JOHN	0 0 1	PER.	3 -		APPROXIMATE	
be executed "pending" in hief Medical E. ansit permit. F		PART I DEA	ATH WAS CAUSED	BY	1 line por (a), (a),	Ca Cla	tion	13.	1200	61	196	BETWEEN ONSET	ANO DEATH
be execute "pending" hief Medica insit permit			MMEDIAT	E CAUSE (o)	OR AS A CONSEQUE	ENCE OF	aften	1	JUVU.			. /	
per lef 1 nsit		Conditions, if on	which gove }		121	Sun	Auca	150	California,	01		tol	
vard to che che al-tra		rise to immedia	te couse (o),	(b) DUE TO,	OR AS A COMEEOU	ENCE OF	, we			9 20	JAN L	- ware	
INER: This certificate should be executed within 24 hours e certificate, writing the ward "pending" in pencil in Item I should be farwarded to the Chief Medical Examiner's Office files.  3 should be used as a burial-transit permit. File pages land a should be used in any event within 72 hours after the standard of the standard of the should be used as a burial-transit permit.		lost	}	(r)	whi	lost	nakin	rep de	n &	ed.			
cate s ig the ed ta s a bi and i		PART 2. OTHER SIG	GNIFICANT CONDIT	IONS CONTRIB	JTING TO DEATH B	UT NOT RELATED	TO THE TERMINAL D	ISEASE OR CONC	DITION GIVEN IN	PART 1(p)			
ificate ting th irded t as a al, and	z												
te, writin te, writin farward farward te used at removal,	CERTIFICATION	19a DATE OF OPE	RAT ON		19b CONDITION	FOR WHICH OP	RATION					20 AUTOPSY	?
hrs conte, vote farrentemens	RTIFI									_		YES [	NO X
INER: This certile certificate, write should be farwar files. 3 shauld be used attack or remova		210. EXTERNAL CA PRIMARY VOR		215. TIME (	OF INCURY Month E		NAS INTURY OF	CURRED Wither	noture of upiery	22012 2018	20mm	2, w	ras
NER ter thoul files. I sha	MEDICAL	CAUSE OF DEATH	L-g-	1/00	W 1- 43	1969	emoki	ng in	bred				
	25	21d. INJURY OCCU	WHILE TOOK	office build	Y (At home, form ding, fetc.)	street,	If LOCATION Street	or R. Po. No.	( ty o	Town	7, 6.	unity	7 Stote
				nun		mu j	19 rear	y May	Home	2,7	mon	Colin	TCK,
Se exect set exect extar. Pa ned far (ECTOR:						~_N	e, held on Auto		Inspection	3		and in m	y apinion
olease of directal directal birectal bi		deoth rest	lted from:	Natural co	ouses	kcident 💢	Suicide [],	Homicide [		rmined mar	ner		
please e drectar retained DIRECT ar ta bu		ACTUAL SIGNATURE	1/06	Mer.	1/	200	1_	EF MEDICAL EXA		226	DATE SIGNE	co.	
Jrry, plury, plury, plury, plury, plury, plury, plury, plury, prigr		/	reco		7	H Server	111.0	ISTANT MEDICAL JJY MEDICAL EX		()"	DATE STORE		-
o DEPUTY necessary, property, from the funeral from y be r o Funeral Health print		NAME (Type)	3/5/1	ENI	K/K	FAB 1	4,1) ADO	$\tau - \nu -$	town or count	Jas	L, 2	4.1	969
O DEPUTY Decessory, please the funeral direct 5 may be retained o FUNERAL DIRECT ALL DIRECT TO THE	230	BURIAL CREMATIC		DATE	23¢ N/	AME OF COMETERY	OR CREMATORY		23d LOCATION 4		(Coun	ity) (Sr	lgte)
		190VA. (Specify	A-C 1	127/0	9 (	EDAK	HILL	CEM	5017	( AN)	)	14	<i>(</i> )
att	(SV	FUNERAL DIRECTOR	1/15	1	1	ADDRESS (		250 REC'D BY	REGISTRAR	25b REGISTA	AR S. SIGNAT	I LIKE	
VR A15ME (ALL)	P	Mariala	HAPPY ANAPY	#.	Jams	C MIR		DATELAN	2 9 196	3 grade	arles	Judg	2



			1	MARYLAND STATE DEPARTMENT OF HEALTH
7	4			01200 EDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
C.			ı	CERTIFICATE OF DEATH 01205
4	-E -7E			ECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
	death neral ond			(ype or print) Rary W Rase Manth / Day 20 Year 69 235
	offer for		3. SI	S. DATE OF BIRTH  6. AGE (In yeors   IE UNDER YEAR   IE UNDER WHES   IN YEOR   IE UNDER WHEN   IN YEOR   IE UNDER WHEN   IN YEOR   IE UNDER WHEN   IT YEOR   IE UNDER WHEN   IT YEOR   IT YE
	YA & P S		70	DETURNS (See of the second of the Control of Hunt Court of the Control of the Con
	24 Person 72 ho		(0)	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 79. COUNTY OF DEATH WIDOWED DIVORCED NOTES MARRIED MARRIED MEYER MARRIED MEYER MARRIED MEYER MARRIED
	thin 2 r filled in paga	.9	10 0	IT DOR TOWN OF DEATH  IT NAME OF HOSPITAL OR INSTITUTION (If not in hospitor)  It a USUAL OCCUPATION (Kind of work dane)  It work dane  It is not to work in the even if retired in the symmetry of working life, even if retired in the symmetry of working life, even if retired in the symmetry of working life, even if retired in the symmetry of working life, even if retired in the symmetry of working life, even if retired in the symmetry of working life, even if retired in the symmetry of working life, even if retired in the symmetry of working life, even if retired in the symmetry of working life, even if retired in the symmetry of working life, even if retired in the symmetry of working life, even if retired in the symmetry of working life, even if retired in the symmetry of working life, even if retired in the symmetry of working life, even if retired in the symmetry of working life, even if retired in the symmetry of working life.
	a wit	7	13a	USAL RESIDENCE (Where decensed lived, if instituting Residence before 13°C CITY OR TOWN 124 AND MILLION 124 CITY OR TOWN
	requires that the death certificate be executed within g physician.  I signed by the attending physician and completely fill burial-transit permit. Then procedemave corban plants, cremation, or remavol, and in any event, within	1	adm	Ssion Maryland   13b COUNTY to mery Rockville YES NO   125 Azalea Dr. Rockvill
	any any	1	14 1	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
	d in Sin		L	Hiram Webber Emma Woods
	ficate be		160. Y	WAS DECEASED EVER IN US ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address es, no, of pinking with a give war or dates of service)
	ph ph avo		-	I. Ps. Betty Mursey, 625 Azalea Dr.
	iii g			18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) )  PART DEATH WAS CAUSED BY  APPROXIMATE NTERVA. BETWEEN ONSE AND OFATH
	rend mit.			IMMEDIATE CAUSE (a) Drope do priemone 6 days
	he att			DUE TO, OR AS A CONSEQUENCE OF
	the the moit			rise to immediate couse (a), (b) Jener diged arlein cleron years
	s the			stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	nysic yne yne irial rial			DADE O CENTER CONTROL ON CONTROL THE TO DELL'A DIVINO DE CONTROL THE TO DELL'A DIVINO DE CONTROL DIVIN
	The low requires that attending physician, has been signed by se as the burial-tra h prior to burial, cre		-	PART 2 OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
	low bee		ATIOI	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	The atte	*,	CERTIFICATION	YES NO CAUSES OF DEATH?
	AN: ol or icote for u	~		21a. ACCIDENT WAS UNDERLYING OR COMTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
	SICI spite striff ed i		MEDICAL	(if either, notify med.cal examiner) P.M. 19
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 naurs after death Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled or by the funeral director, page 3 should be detached for use as the burial-transit permit. Then brass remaye corbon papers. Fages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayol, and in any event, within 72 hours after death			21d. INJURY OCCURRED While Not while of work work at work.  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street or R.F.D. No. City or Town County State
	NG the terminant of the december of the decemb			
	ed he sild by he s			22a. I certify that (1) (this haspital) attended the deceased from
	TION TO THE	1		
	OR be replayed as a second or when the second or wh			Sandrike Junto A. Word ATTENDING & MED DIRECTOR D STAFF Jon 20, 1969
	AL D	i		22d. PHYSICIAN S 22e. ADDRESS
	O HOSPITAL OR ATTENI Poge 4 moy be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the			NAME(Type) G. Bowditch Hunter, Jr.   50 7. Edronston Dr., Rockville, Id.
	HO FUN Fun		23a	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stole)
	5 5 p			Burial Jan 23 60 Greenville Cemetery Greenville Chin
	VR At5 (	4)	24.	ADDRESS 2501 REGIOR ADDRESS 2501 REGISTRIO CQ 250 MEDISTRIO CQ 250 MEDISTRIO CQ
	45M + 1/		1	RUBERT A. PUMITHREY, ROCKVIILE MARYLANDAR

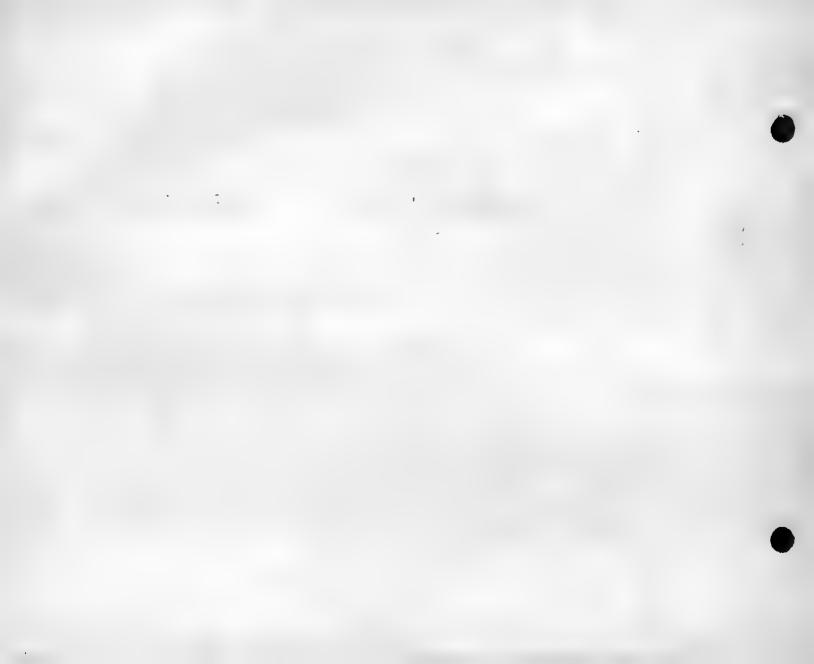


Franchistation #	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	012:17 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01266
HEALTH DEPT.	1 DECEASED NAME First Middle Jost 20 DATE KNOWN Month Doy Year 2b HOUR
ay is Page int of	DEATH MATER 1967 67 M
oges for and the for the Deportment	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD MONTHS DATS HOURS MIN MONTHS 2 YEAR 1 UNDER 24 HRS. 2c DATE PRONOUNCED DEAD YEAR 1 UNDER 24 HRS. 2
	YRS 1
d de	70 BIRTHPLACE (Stote or foreign   75 CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH   9. COUNTY OF DEA
ges for	10 (ITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital   12a USUAL OCC. PATION (Kind of work done   12b KIND OF BUSINESS OR
de ≪ Me	Silver Spring   give street address)   during most atwarking Life, even if settined   INQUISTY   Liquor
ifter Giv	13a LSUAL RESIDENCE (Where deceased lived, finish but on, Residence before 13c City OR TOWN 13d INSIDE CITY JIMITS? 13e. STREET AND NUMBER
2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	odmission) STATE Md. 136 COUNTYMontgomery Sil.Spr. VESX NO 1220 East West Hwy.
24 have in Item r's Offer es 10 dd	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
24 h in th r's O r's O rs of	Mose Ratner Jennie Millman
hin 24 ncil in niner's pages haurs	Yes, ng, gr unkngwn    (If yes give wor or dores of service)   16b SOCIAL SECURITY NO   17 INFORMANT   ADDRESS   Same as 13
with with same and same same same same same same same same	
shauld be executed within 24 e ward "pending" in pencil in a the Chief Medical Examiner's virial-transit permit. File pages in any event within 72 haurs	18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I DEATH WAS CAUSED BY
ding ding fleding perm r wi	DUE TO, OR AS A CONSEQUENCE OF
be exe "pendi hief Me ansit pe	[Conditions, if any, which gave]
shauld be e word "per the Chief urial-transit in any ever	rise to immediate couse (a).  stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
shau e wo o the in a	lost . (c)
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
This certificate cate, writing the be forwarded to be used as a lar remaval, and	Z C C C C C C C C C C C C C C C C C C C
is certific te, writin forwards e used as	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of nourly in Port I or Part 2, Item 18.)
This icate, be failed at he ar relational at the ar relations.	YES NO NOTE IN THE PROPERTY OF
certificate auld be es. should be ian, ar r	PRIMARY OR CONTRIBUTING HOUR AM.  19 19 19
INER: Te certific should be files. 3 should a should oatian, an	TOURS OF DEATH    County   21e PLACE OF INJURY (At home, form, street,   21f. LOCATION Street or R.F.D. No.   City or Town   County   Stote
EXAMINER: cute the certificate 4 should age 1 should be	WHILE NOT WHILE That work factory, office building, etc.)
AL EXA execute or. Page of far yar TOR: Pag	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X, Inquity X, and in my apinian
se exector. Pour formed for ECTOR: a burial	death resulted from: Natyral causes Accident , Suicide , Hamicide , Undetermined manner
y, please rad directe er retained AL DIREC	CHIEF MEDICAL EXAMINER
yy, pride re re pride	SIGNATURE ASS. STANT MED CA. EXAMINER 226 DATE SIGNED
To DEPUTY SICAL Enecessary, please exect the funeral director. Page 5 may be retained far TO FUNERAL DIRECTOR: Health priat to buriol.	EXAMINER'S BELDEN REPORT REPORT OF ADDRESS FOR A STATE OF COUNTY) JAN 30, 1969
TO DEPL necesso the fun 5 may 10 FUNE Health	230 BURIAL CREMATION, 23b. DATE 23c NAME OF CENETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Store)
⊢'	Burial 1-31-69 Geo. Wash. Cemetery Hyattsville Md.
N A	24 FUNERAL DIRECTOR ADDRESS 2SO REC BY REGISTRAR 2SD REG STRAR S SIGNATURE
VR A15ME (5)	Coldhana Francis II - 1212 Oth St. W. W.

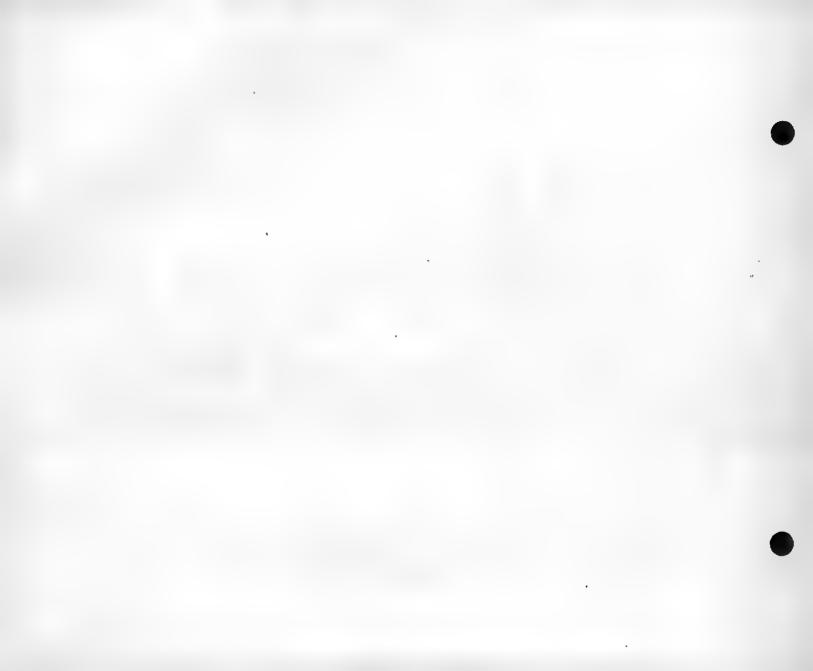
MARYLAND STATE DEPARTMENT OF HEALTH



_	MARYLAND STATE DEPARTMENT OF HEALTH
16.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
÷ _2÷	1 DECEASED NAME First Middle Lost 20. DATE OF DEATH 25. HOUR
gizecuted within 24 haurs after death. In a campletely filled in bys. the funeral emave carban papers. Pages I and 2 any event, within 72 haurs-after death.	(Type or print) Month Doy Year
r d	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 4 FUNDER 1 YEAR 1F UNDER 24 HRS
offer differ	Jost parthday) Montes DAYS HOURS MAIN
210	
and campletely filled in by the flur remaye carban papers. Pages 1 n any event, within 72 haurs-differ	70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 jud ji	Lithuania V.S.A WIDOWED DIVORCED _ montgomery County Md
章 雪 · · · · · · · · · · · · · · · · · ·	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (I FOOT in hospital usual OCCLIPATION (Employ work dond 12b. KIND OF BUSINESS OR
A will with	TEMPOLY TOUR AND THE PROPERTY OF THE PROPERTY
1) Fire de la	130 USUAL RES DENTE (Where deceased lived, if institution, Residence before 133 CITY OR TOWN 13d INSIDE CTY LIMITS? 136 STREET AND INJURIER
amp we eve	odmission) STATE mo Montgomery Laurel YES NO 3947 Green castle hope
D A S A S A S A S A S A S A S A S A S A	14. FATHER'S NAME FIRST MONTGOMERY IS. MOTHER'S MAIDEN NAME FIRST Middle Lost
and and rem	7
care be sichen a please r and in	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address
S S S S S S S S S S S S S S S S S S S	No. 1 1 Marie and the state of
ph cya	res, no, or unknown] (If yes give wer or earles of sairvite) 374-24-9802
of the death cer the attending p asit permit. The matian, ar rema	18. CAUSE OF DEATH (Enter only one couse per line for (1), (b), and (c))  APPROX MATE INTERVAL BETWEEN ONSEX AND DEATH
eath mair. er r	PART I DEATH WAS CALSED BY.  IMMEDIATE CAUSE (0) And And the Bullings
atte	DUE TO, OR AS A CONSEGUENCE OF - 1/1
the otic	(Conditions if any, which gove)
hat n. y tl sans em	nse to immediate couse (a), (
PHYSICIAN: The faw requires that the death certive haspital ar attending physician. This certificate has been signed by the attending phetached far use as the burial-transit permit. Then Dept. at Health priar to burial, crematian, ar remayor	stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF
u re nysi gne gne uria	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(o)
pla bit bit bit	TAKE 2 OTHER STOMMERCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)
ding the	
and	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 1216 TIME OF INITIALY 2216 HOW INITIALY OCCUPRED. (Enter polyre of invitor of polyler) Polyler of invitor of polyler.
1 5 5 8 4 V	TES NO X
IN: are cate	
tifice of the	GONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 19
rasp cer che pt.	2 21d INJURY OCCURRED 21e PLACE OF IN. JRY 1 AT HOME FARM STREET FACTORY.) 21f LOGATION Street or R.F.D. No. Crty. or Town County State
P. P	While Not while of work of work
N Y The care	22g Legstify that (1) (this hagnital) offended the deceased from HIMI 10 1907 to Visual and 1007 that (1) (1)
4 + P	22a. I certify that (I) (this hospital) at ended the deceased from HIVI 10, 1907, to 1907, to 1907, that (I) (me) tast saw the deceased alive an 1907 on that in (my) (our) opinion death accurred an the date and haur and from the
the control of the co	causes stated above, (1) (we) (00) (die not) view the bady after death.
A S D S S I	226 SIGNATURE 22c DATE SIGNED
OR ATTENDING be retained by the IRECTOR: After i e 3 should be di ed with the State	Rafe - A STAFF DEGREE PHYS DIRECTOR DIR
AL D D D D D D D D D D D D D D D D D D D	22d PHYSICIAN S 22e. ADDRESS 22e.
PIT MAN MERA	NAME (Type) OBERT / HIBADEAU KOLKVILLE 14726952
UNI UNI	
Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ar director, page 3 should be detached far use as the burial-transit permit. Then please re shauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in	230 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stole) REMBYALTERY Jan. 24, 1969 King David Memorial Garden Falls Church, Virginia
VR A15 (4) 45M 1/69	Hebrew Memorial Funeral Home St., N.W. Wash., D. GJAN 27 1969  25b REGISTRAR SIGNALIFE  25c REC D BY REGISTRAR 2 25b REGISTRAR 27 1969
7,7171 17 07	nedrew remortal runeral nome of the washing Dispersion



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01208 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 20 DATE KNOWN EALTH DEPT. DECEASED NAME Month Year detay is and 3 to Page (Type or Print) ESTIjo O DEATH MATED 6. AGE (in years IF UNDER YEAR IE UNDER 24 HRS 4 RACE 2c DATE PRONOUNCED BEAD 2d HOuR 3. SEX S. DATE OF BIRTH 70 BIRTHP\_ACE (State or foreign MARRIED MEVER MARRIED V 9. COUNTY OF DEATH e alang with form WIDOWED DIVORCED TINTCOMERY and 2 with the State - I morrell IO CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street toddress death USUAL RESIDENCE (Where deceased lived, if institution Residence before 13se CITY, OR TOWN 3e STREET AND NUMBER ofter Item 14 FATHER S NAME ne to office hours ⊑ 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO **ADDRESS** pengl (Yes, no, or unknown) add sam shauld be forwarded to the Chief Medical Exami FIE withm 18. CAUSE OF DEATH (Enter only one couse per ling for (a), permit. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if only, which gove rise to immediate cause (o), ficate, writing the word This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION used 19g. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO V YES 🗔 210 EXTERNAL AUSE WAS Ö 21b TIME QE\_NJURY Month, Doy, Year 21c HOW 163 MRY OCCURRED (Enter noture of ginjury in Port 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Streets of RED No City or Town factory, office building, elco 220. I certify that I took charge of the remains described above, held on Autopsy Inspection X ond in my opinion Accident 🔼 deoth resulted from: Natural causes Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health JOHN G. BALL ADDRESS(Street, city, town, or county) NAME (Type) 0 230 BURIAL CREMATION. 23b DATE 1/23/69 23c NAME OF CEMETERY OR CREMATORY Parklawn Mem. Park 23d 10CATION (City or Town) (County) (Stote)
Rockville Montg. Maryland THE REPORT OF THE PERSON ADDRESS 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Williams Judge Tyson Wheeler F.H. L331 Rockville Pike 1969 Rockville, Maryland



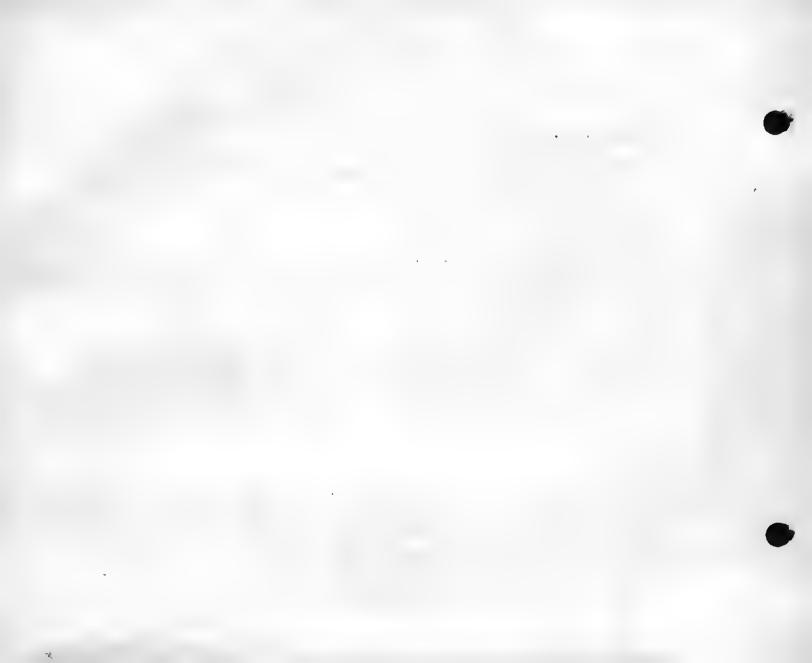
. 1				D STATE DEPARTMENT OF		
14		2121.	DIVISION OF VITAL RECORDS,			0.40
10				CERTIFICATE OF DEATH		01210
老 <u> </u>		CEASED-NAME First	Middre	Z lost	20. DATE OF DEATH	2b HOUR
death hera! and 2	(,	tug	penia A	1/1/64	Jan Month 110	19:59 9.204M
	3. SE	X +	4. RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
		1emale	White	Oct 13	1881 last bythday) YRS	MONTHS DAYS HOURS MIN
6 6	7o E		7b CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
in 24 milled min 72 hin 72 hi		"MARYLANEL	LISA	WIDOWED DIVORCED	Montgomer	T. Md
within 24 ely filled ban pape	10. 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN:		SUAL OCCUPATION (Kind of work done	
that the death certificate be executed within 24 ion.  by the attending physician and completely filled in trans t permit. Then please hemove carban paper cremation, ar removal, and in any event, within 72		BOTHESAIS-	give street gddross) ( % e	SINOI ST	most of working I fe, even fretired !	ATHOMSTRY HOME
e de de		TATE A	lived, if institution Residence before	13c CITY OR TOWN 13d INSIDE CT	The state of the s	1 1 1 1
execution in any even in any e		Triu.	1.0717011	1/		strut St.
and in an in an	14. f	ATHER S NAME First	M ddle Lost	15 MOTHERS MADEN NAME	1	Lost
od in		Philip	House		Jarriet	BURROWAS
h certificate by ing physician Then please removal, and ii	160. Y	WAS DECEASED EVER IN U.S. ARMI bs, no or unknown)   ( fyes give wo	or or dates of service)	. 10.11 -7	- / - / / / / / / / / / / / / / / / / /	PERKURNS DRIVE
phy en ova	-	10	213-56-18	172 T Purothy E	arkine, /	Sethesda, Ma
2 5 E		<ol> <li>CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED</li> </ol>	$\gamma$ one couse per line for (a) (b), and (c)	1 1 1	11 -1-	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
ie death attendi permit ian, ar r			TE CALSE (O)	condict of	Klicken	2.4.31/2
att att			DUE TO, OR AS A CONSEQUENCE OF	11/	1 p	
at the		Conditions, if only which gove a rise to immediate couse (a),	(b) (b)	le lin N9-	and I aller	( 5 14 alga
that ian. by th trans- cremo		storing the underlying couse	DUE TO, OR AS A CONSEQUENTAL OF	1. 60	11 Testa	
<b>3 PHYSICIAN:</b> The law requires that the death certificate the haspital ar attending physician. This certificate has been signed by the attending physicial detached far use as the burial trans t permit. Then pleas e Dept. af Health priar ta burial, crematian, ar removal, and		lost )	(1) 2 mil	K Kineryey	effectioned	CARL 2
the sugar		PART 2 UTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT N	OI RELATED TO THE TERMINAL DISEASE O	RECONDITION GIVEN IN PART 1(0)	
law re nding been s the iar ta	N	190 DATE OF OPERATION 19b C	ONDITION FOR WHICH OPERATION WAS PE	2 PERMIT	MA TO THE WEST STROMAN	CONSTRUCTION OF CENTRESIA
The loaten aften has be as the print	FE	170 DATE OF GREATION 170 C	ONUITION FOR WHICH UPERATION WAS PE	1	CAUSES OF DEATHS	CONSIDERED IN CERTIFYING
다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다	CERTIFICAT	210 ACCIDENT WAS UNDERLYING	G 121b. TIME OF INJURY	YES NO	<del>-</del> X	3 Jan 363
YSICIAN: aspital ar certificate hed far ur ot. af Healt	ig S	OR CONTRIBLEING CAUSE OF DEATH	HOUR A.M Month Day Year	ZIC HOW INJOKT OCCORRED (E	of injury in Port 1 or Port 2	t, Item 18 )
SSpil Sspil certii t. af	MEDI	(If either, notify medical examination of the second secon	er) P.M I	TORY. 21f. LOCATION Street or RFD	No City of Yown	County Stote
the hotel		While   Not while	OFFICE BUILDING ETC	ZII. LOCATION STREET OF KED	no City or Fown	ronută zioie
மு⊈் † மு		of work of work	s hospital) attended the decease	ed from Deant, 19	(16 10 1)	0 / /\
ATTENDING stained by th CTOR: After t shauld be de		saw the deceased of	ve an /- //	969, and that in (my) (our)	pinion death occurred on the	960, that (I) (we) last
O.S.:		causes stated abave,	, (I) (we) (did) (did nat) view the	baoy after death.		
A SE CHANGE		22b SIGNATURE	1	MA ATTENDING A	MED STAFF 220	DATE SIGNED
DE BE		14:10	Aplane.	MOEGKEE PHYS	D RECTOR PHYS	1-11-651
TAI TAI Pa		200 PHYS (IAN'S D D) NAME (Type)	LUNREN	22e ADDRESS =	- 1 - A.110	- We 1 . A. do
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires Page 4 may be retained by the haspital ar attending physici for FUNERAL DIRECTOR: After this certificate has been signed directar, page 3 shauld be detached far use as the burial shauld be filed with the State Dept. af Health priar ta burial,			(FN-1) 5 %	7,54/-2	commingitie	1 100 consers ()
B B B B B B B B B B B B B B B B B B B	230	BURIAL, CREMATION, 236 DE REMOVAL (Specify) 1 -		CEMETERY OR CREMATORY mac Methodist	23d LOCATION (City or Town) Potomac	Mont. Marylan
5 5	74					
VR A15 (45M - 250)	I	Ober Cor Pump	, , , , , ,	onsin Ave 25 AK	1 56151969 25 AND STEAT	es judge
			Bethesda	McL DATE		



	. 1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
	•		3 1 A 7 W		CERTIFICATE OF DE		13612		
•	# = 5#		CEASED NAME First ype or print)	Middle	Lost	20. DATE OF DEATH	nth Doy Year 2b. HOUR		
	8-8-8	3 58	EDITH	C •	ROBINSON		21 69 17PM		
	E S	2: 21	FEMALE	4. KALE WHITE	S. DATE OF BIRTH JULY 8.	l Lames L	(In yours IF UNDER I YEAR IF UNDER 24 HRS HITHOUP) MONTHS DAYS HOURS MIN		
	haurs of haurs haurs	70		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		YRS.		
<b>(</b> )		(OUF	Maine	United States	WIDOWED TO DIVORCED	Montgomer	y Md.		
	hysican and ampletely fille in please remove carbon povol, and in any event, within	S	ity or town of death	11 NAME OF HOSPITAL OR IN:	Hospital d	20 USUAL OCCUPATION (Kind of furngamost of marking in a life, eve	f work done 125 KIND OF BUSINESS OR INDUSTRY		
Pedili:		13o odm	USUAL RESIDENCE (Where deceose ssion) STATE Maryland	ed lived, if nstitution: Residence before 13b COUNTMONTGOMERY	Rockville YES		Oakvale St.		
		.14. 1	ATHER'S NAME First Lyman	Middle Lost Fale		NAME First Martha	Middle Lost Facett		
			WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (1) yes give wo	IED FORCES?  or or dofes of service)  16b. SOCIAL SECURITY I		Robinson, Son	Address , same as#13 item.		
	attending permit. The ian, ar rema		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (o) (b), and (c)	)	/ -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	attendir permit.			TE CAUSE (o)	Tilling OCC	elule of	· Muntes		
	the all		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	river four	-, ;	Channe		
	that the transfer of the trans		nse to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	e de la company		- Joseph -		
X	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be defacted for u shauld be filed with the State Dept. of Heal		last.	(c) Oles	all'				
		N.	PART 2. OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELAKED TO THE TERMINAL DISE	EASE OR CONDITION GIVEN IN PAR	T 1(o)		
		CERTIFICATION	196. DATE OF OPERATION 196. C	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	NO CAUSES OF DEA	RE FINDINGS CONSIDERED IN CERTIFYING TH?		
		₹.	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examina	HOUR A.M. Month Doy Year		D (Enter nature of injury in Por	t 1 or Port 2, Item 18.)		
		J. W.	21d INJURY OCCURRED 21e. I While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	CTORY.) 21f LOCATION Street or F	R.F.D. No. City or Town	County State		
			sow the deceased all	is haspital) attended the decease live on1 , (I) (we) (did) (did nat) view the	9 / Cand that in (my) (o	_, 19, to our) opinion death occurre	d on the dote and hour and from the		
			22b SIGNATURE	and Milloland 1	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	22c, DATE SIGNED		
1			22d. PHYSICIAN S NAME (Type) Richard	d A. Delelany	22e ADDRESS	3 + 2 VARY	11 '11 2PG		
1		230	BURIAL, (REMAT ON, 23b. D REMOVAL (Specify) Removal 1-2		CEMETERY OR CREMATORY	23d LOCATION (City			
		24	STINEDAL DIDECTOR	25-1969 ADDRESS	250.	Farmingto	n Maine D. REGISTRAR'S SIGNATURE		
	VR A15 (4) 30M REV. 1/68		Joseph Gawler's N.W. Wash. D.	Sons, Inc., 5130 C., 20016		IAN 29 1969	Thanks Judge		



	U	1216	DIVISION OF			DEPARTMEN		IH E, MARYLAND 21201		
I	It∈	em23 FilmG408				ATE OF D			7121	2
		EASED NAME Firs pe ar print) Ma	abel	Middle Jane		lost R <b>obinso</b> n		DATE OF DEATH  1 Month 1 Do	y 69 Year	2b HOUR
3	SEX	Female	4. RACE Ne	gro		S. DATE OF BIRTH 9/8/19	01	6. AGE (In years last buthday) YRS	H UNDER I YEAR MONTHS DAYS	If UNDER 24 HRS. HOURS MIN
co	ountr	RTHPLACE (State or foreign y)  Ipepper. Va.	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIE	°	MTY OF DEATH  Monto	omerv	Md
	), ({{T	y OR TOWN OF DEATH heaton	IT N gsve	AME OF HOSPITAL OR INS street oddress) IVORSITV NE			during most of v	UPATION (Kind of work done working life, even if retired)		F BUSINESS OR
13d ad	la U: Imiss	SUAL RESIDENCE (Where december) STATEMARYLand	osed lived, if institu		13c CITY OR	TOWN 13d	INSIDE CITY LIMITS?	13e. STREET AND NUMBER 1110 Nora Dr	ive	
14	I. FAT	THER'S NAME First	Middle	Lost	1:	. MOTHER S MAIDE		Middle		Last
<u>.</u>	e . 14	Goldrin		Gray  [166, SOCIAL SECURITY IN	0 112	I FORMAL T	Annie			pors
16	Yes	WAS DECEASED EVER IN U.S. AR s, no, or unknown) (If yes give	RMED_FORCES? I wat or dates of service)	224-32-219		NFORMANT		Address		
no.	ri s <u>k</u>	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause ast.	DUE TO, OR  (c)  DOUBTIONS CONTRIBUTE  DIA	cherry 1	Fise	ue T	1 Deal	ules Wille	lus	
DT ELEATI	2			HICH OPERATION WAS PE		YES T	NO C	CAUSES OF DEATH?		LERINFYING
MFDICAL CE		To. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE If either, notify medical exam	ATH HOUR A.M. niner) P.M.	Manth Day Year			·	e af injury in Part 1 or Part 2,	Item 18)	
2		While Not while		( AT HOME, FARM, STREET, FAC OFFICE BUILDING ETC.				City or Tawn	County	State
			his haspital) att alive on ve,(1) (we)(did)	ended the decease (did not) view the l	d from 9 & , an oady after	d that in (my) death	, 19 <b>6/</b> , (aur) apinian	ta <u>12/31</u> , 19 death accurred an the d		t (I) (we) los ond fram th
		226 SIGNATURE	cella	ugeaday b	n O DEGR	- 1113	DIRECTO	my SIAH my I	DAYE SIGNED	9
	2	PHYSICIAN'S AME (Type) A	) (LENCE	Che CANAL	ADAGIN	1) 220. ADDRES	,32-0	SEORGIA A	we.N.	w.
	_									
23		BURIAL, CREMATION, 23b REMOVAL (Specify) ] J UNERAL DIRECTOR	DATE /5/69	23c NAME OF	TEMETERY OR	716n	23d,	TOCATION (Cry or Town)  STRAK 25b REGISTRAR	((aunty)	(Státe)



- 7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
y	CERTIFICATE OF DEATH	1213
degth.	CEASED-NAME First H. Middle Last 20. DATE OF DEATH  Appe or print Mary none Rogers  Manth Day 5	Year 5: 20A M
haurs after depth		PHOER I YEAR IF JINDER 24 HRS.
24 hour	BIRTHPLACE (Stote or foreign   75 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   117)  D. C	Md.
within the first	Takoma Pk Wash San & Hospital during most of warking life, even if retired)	2b KIND OF BUSINESS OR NOUSTRY tatler-Hiltor
e executed with	USUAL RESIDENCE (Where deceased lived, if Institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER STATE NO TOWN YES NO Route #3	
be ex in and ise rem	ATHERS NAME First Middle Lost IS. MOTHERS MA DEN NAME First Middle  Frank Selvaggio Teresa unknown	lost
rtificate b physician en please aval, and i	was deceased ever in u.s. armed forces?  es, no or unknown) (if yes give war or dates of service, by the control of the contro	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within stained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and campletel fine should be detached for use as the burial-transit permit. Then please remave carbon pith the State Dept of Health priar to burial, crematian, or remaval, and in any event, within	18 CAUSE OF DEATH (Enter only one cause per ne far (a), (b), and (c) PART I DEATH WAS CAUSED BY  HARDIATE CAUSE (a) CARD I ACRESTER  LIMMEDIATE CAUSE (a) CARD I ACRESTER  DUE TO, OR AS A CONSEQUENCE OF  (b) SUB TOCATE BACTERIAL TOWN OF CONSEQUENCE OF  (c) DUE TO, OR AS A CONSEQUENCE OF  (c)	APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH  PROLITICS
bing PHYSICIAN: The law requires the by the haspital or attending physician. After this certificate has been signed by be detached for use as the burial-traistate Dept of Health priar to burial, cre	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  C + C + C + C + C + C + C + C + C + C	DERED IN CERTIFYING
G PHYSICIAN: The the haspital or att this certificate ha detached for use to Dept of Health process.	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)  21b TIME OF INJURY HOUR A.M. Month Doy Year P.M. 19  21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 11em 19  21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 11em 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town. Co.	18)
Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for useful be filed with the State Dept of Health	While at work at wark   19   19   19   19   19   19   19   1	that (1) (we) lost and from the
TO HO Page A2W	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (C ty or Town) (CC REMATORY 1/28/69 Gate of Heaven Cem. Silver Spring, SURFRAL DIRECTOR Nalley's Funeral address to Rainler 25c, REC BY REGISTRAR 25c Maryland DATE AN 3 n 1969	aunty) (State) Md

BAADVIAND CTATE DEDADTMENT OF HEAD



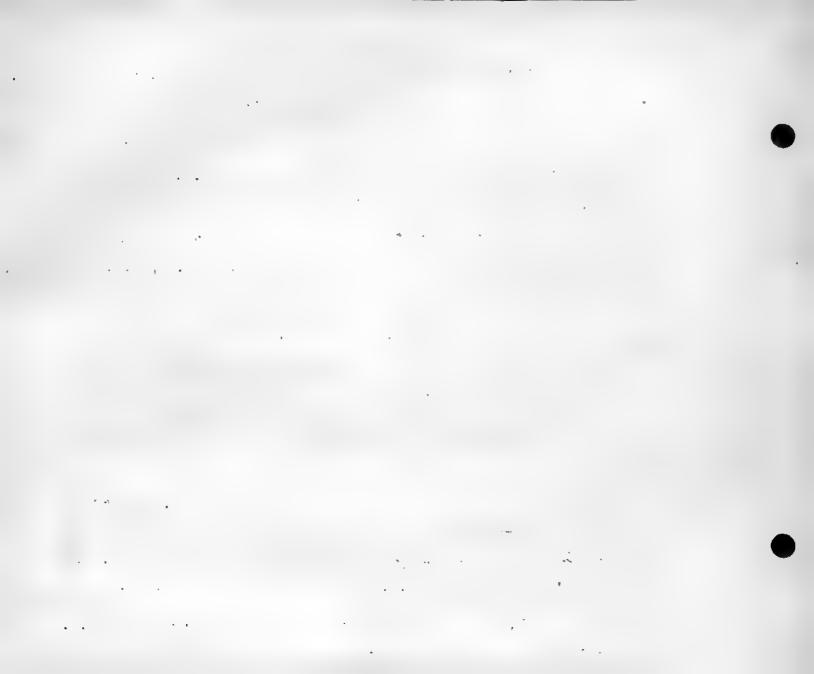
1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Year 2b HOUR
lay is 13 to Page ent of	Pearl (Lizabeth Rose Death Mated jun 10 199 M
Iny delay 1, 2, and 3 im PM3 Page	The state of British Months DAYS HOURS MIN MARCH REPORTED FOR
2, and PM3 PM3	70 BIRTHPLACE (Stote or foreign 75 CHIZEN DE WHAT COUNTRY? 8. MARRIED POLEVER MARRIED 9 COUNTY OF DEATH
- E 8	country) Perria USA WIDOWED   DIVORCED   Mortgomery Md
offer death Sive Pages 1, along with farm with the State Be leath.	10. CITY OR 10WN OF DEATH  11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done lize Kind OF BUSINESS OR during most of working life, even if retired)  11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  12 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of working life, even if retired)
ive live live live live live live live l	Jakona Park Wash. San & Nospital Course 12 to hote
0 00-0 ≥ 0	130 USUAL RESIDENCE (Where deceased lived, if not rution Residence before 13c CITY OR TOWN 13d MISIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Md. 13b (Misine City Limits) 13c STREET AND NUMBER Silver Springers NO 8519-11th Avenue
frem ding diter	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
Z 2 2 2 2	Thomas W Richards (11 4 2) Probe
MINER: This certificate shauld be executed within 24 the certificate, writing the word "pending" in pencil in 4 should be farwarded to the Chief Medical Examine is in files.  In files, a should be used as a bural-transit permit. File pages mation, ar remayal, and in any event within 72 hours	166 WAS DECEASED EVER IN J.S. ARMED FORCES?  (Yes, no, or unknown) (II yes give wor or dollers of service)  16 SOCIAL SECURITY NO  17 INFORMANT  ADDRESS  (II yes give wor or dollers of service)
d with In per Exam File	18 CAUSE OF DEATH (Enter only one couse per ing for (0), (b), approximate interval.  APPROXIMATE INTERVAL.  APPROXIMATE INTERVAL.  APPROXIMATE INTERVAL.
should be executed ne word "pending" in to the Chief Medical E. bur al-transit permit. F	PART I DEATH WAS CAUSED BY HOLLMAND, (Parle, Selected)
exe endi it pe	DUE TO, OR AS A CONSEQUENCE OF
d be d 'p Chie frans	Conditions, if any, which gove a couse (a).  It the to immediate couse (a).  DUE TO, OR AS A CONSEQUENCE OF
shaul wor the ural- in an	last
athe significant of the same o	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(o)
certifica arwarde arwarde used as maval. c	
This certificate, writing be farward de used of ar removal	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?  20 AUTOPSY? YES NO  210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of in Jpy in Port 1 or Port 2, Item 18)
INER: This e certificate, should be files. 3 should be an arriver.	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of in Jry in Port 1 or Port 2, Item 18)
certification, hould	PRIMARY OF CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19  2 IZID INJURY OCCURRED 2 Is PLACE OF INJURY (At home, form, street). 21f LOCATION Street or R.F.D. No. City or Town. County State
DICAL EXAMINER: se execute the certiset as execute the certiset and second med for your files. ECTOR: Page 3 should a burial, cremation,	
L EXA ecute Page ar yau R:Pag	AT WORK L. AT WORK L.
CAL EXECUTOR: Page of far (CTOR: Page of far )	22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinion death resulted from Natural causes Accept, Suicide , Homicide , Undetermined manner
please I direct retaine DIREC	CHIEF MEDICAL EXAMINER
y, please rad direct prior to	SIGNATURE SIGNATURE 226 DATE SIGNED
5 5 2 2 5	EXAMINER'S BELDEN KEAD (4) DEPLIY MEDICAL EXAMINER & AX. 17, 1969
o bep necessor the fur 5 may 0 FUNE Health	230 BURIAL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stota)
	REMOVA, (Specify) 1-20219-9 Bock Creek Ceretery Washington D. C.
heb alkan jeh	24 FUNERAL DIRECTOR P. J. SMITH ADDRESS C 1 Sp. 1350 JEANEY 263 RAN 26
VR A15ME (5) 10M REV 1/68	Planner E. Pumphrey, " " 34 Grangir Cor is DATE

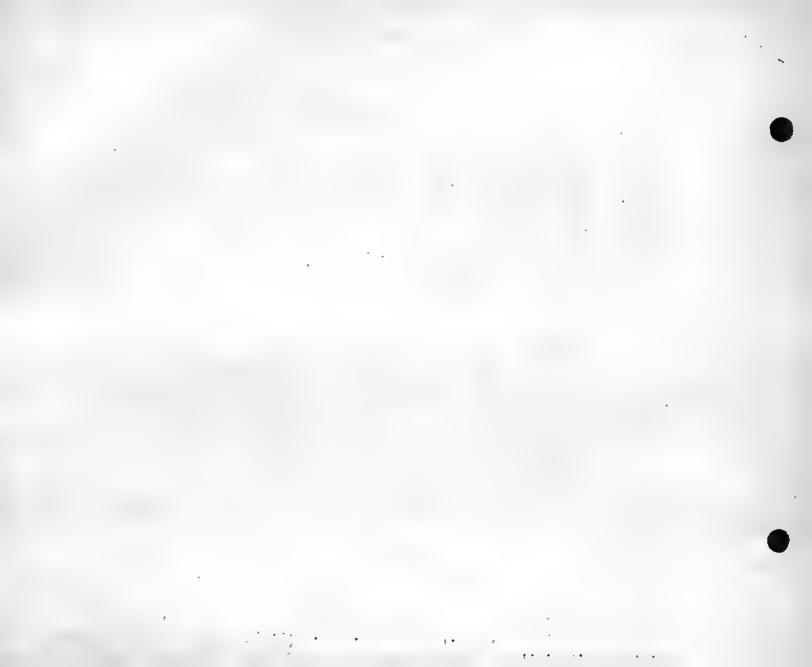


,	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1215
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	vne or Print)	Doy Year 2b HOUR
N O O	Leonard Louis Rosenberg DEATH MATED 🗌 1	31 169 4 a M
delay and 3	X 4 RACE S DATE OF BIT A AGE (in years   f Jinder 1 YEAR   If JINDER 24 HRS 20 DATE PROHOUNCED DEAD   Inst burthopy) MONTHS OATS POURS MIN. Month	2d HOUR
a purity (	M W 11-30 1922	Yeor 1969 4 a. M
2, 2, and a second	IRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 46 RIED ANEVER MARRIED 79 COUNTY OF DEATH	
deoth e Poges 1, with form	New York U.S.A. WIDOWED DIVORCED Montgomery	Md
deoth me Sto	ITY OR TOWN OF DEATH   II. NAME OF HOSPITAL OR INSTITUTION (It not in hospital   12a USJA, OCCUPATION (Kind of work done   1	126 KIND OF BUSINESS OR
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Koma Park, Md. Washington San & Hops.	NDUSTRY
重 五 年 号	S.A. RESIDENCE (Where deceased Lyang if institution, Residence before 13c CITY OR TOWN 133d INSUE CITY LAITS? 13e STREET AND NUMBER	
Item I office on I lond 2 with after death	Im ssion) STATE Mr. 136. COUNTY Mont. / Sil. Spring YES NO 1 8445 12th Ave.	
1 ond after after after	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 th 25 ch	HENRY ROSENBERG EDNA MAN	DELBAUM
within 24 hours pencil in Item 1 kaminer's Office 1 le pages 1 and 2 72 hours after d	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
with pen xom xom 72 F	es, no, or unknown) (11 yes give war or dates of service) 072-14-3062 Howard Tossman, 11644 Lockwood Di	r. Sil. Sprin
INER: This certificate should be executed within 24 hours e certificate, writing the word "pending" in pencil in Item 1/2 should be forwarded to the Chief Medical Examiner's Office files.  3 should be used as a burial-transit permit. File pages 1 and 2 ation, or removal, and in any event within 72 hours after d	IB. CAUSE OF DEATH (Enter only one couse per June 1/20) (b) one (C)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be execute "pending" iief Medico insit permit event with	PART I DEATH WAS CAUSED BY:  JAMACDIATE CAUSE (0) Chice Coronary mouthic	Lences
exe andi Me t pe	DUE TO OR STA CONSEQUENCE OF DATE -1/ /xb/ M	1
be "pe nief onsi	conditions, if any, which gove rise to immediate cause (a), (b) Cranary Cerlery Heart Co	Eslase.
should be executed in word "pending" in the Chief Medicol Es uriol-transit permit. Fi	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
vertificate should writing the word inwarded to the Chased os a buriol-transvol, and in any	lost. (c)	
d to b	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ifico ting indea os o, c		
**NER: This certificate is certificate, writing the should be forwarded to files.  3 should be used as a batton, or removal, and	196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his ote, e fo be u		YES NO
=	210 EXTERNAL CAUSE WAS 215. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, He	m 18.)
INER: e cert should files. 3 should	CAUSE OF DEATH P.M. 19	
	21d MJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LDCATION Street or R.F.D. No. Gity or Town	County State
XAM the fit ge 4 your oge crem	WHILE NOT WHILE OCTORY, Office building, etc.)	
O DEPUTY DICAL EXAMINER: necessory, please execute the certification of the funeral director. Page 4 should 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be of the prior to buriol, cremation,	22a   certify that taok charge at the remains described above held an Autapsy , Inspection , Inquiry	and in my apinian
e e e e e e e e e e e e e e e e e e e	death resulted from: Natural causes , Accident . Suicide . Homicide . Undetermined manner [	
pleose en director. retained	CHIEF MEDICAL EXAMINER	
y, ple rral di pror	SIGNATURE ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATES	IGNED
PUTY Sory, Junera y be IERAI	EXAMINER'S D. DEPLIES, MEDICAL EXAMINER DEPLIES, MEDICAL EXAMINER DEPLIES	21/9/0
o DEPUTY necessory, p the funeral 5 may be r 0 FUNERAL Health prince	NAME (Type) 26 LOEN A CELL MADDRESS TREE CONTROL COUNTY)	27/10/
5 g # 2 5 #	BLRIAL CREMATON 23b DATE 23c NAME OF CEMETERY OF CREMATORY 23d LDCATION (City or Town)	(County) (State)
	REMOVAL(Specify) 2/2/69 Mount Lebanon Cemetery Hyattsville, Prin	
	FUNERAL DIRECTOR Donald M. Stein ADDRESS 232 Carroll 250 RECD BY REGISTRAR 250 REGISTRARS 5	
VR ATSME (5)	brown Memorial Funeral Home Washington, D. C. DAFFB 4 1969 Client	24 . 452-41 5"



MARYLAND STATE DEPARTMENT OF HEALTH





	1	MARICAN OF WAR PECONO W PORTED AND STREET PARTITION OF MANY AND STREET PARTITIONS AND STREET PARTITIONS AND STREET	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1219
		CERTIFICATE OF DEATH	1213
2.5	1 0	ECEASED-NAME prist Middle Last 2a. DATE(OF DEATH	2b. HOUR
and Ind	(	Thomas A Ruan Jones	1969 215 1
do op	3. S		INDER YEAR IF UNDER 24 HRS.
ffer e fu ffe	1, ,	lost hirthday) Mow	
s a fr	$\perp$	111916 Cuccarius 10/3/1875 7.3 YRS.	
hours after deoth by the funerol by the funerol s. Poges I and S		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
24 h	ton	MIN U.S.A: N.V. U.SA. WIDOWED DIVORCED Montgomery	· Md
2	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (Unot in hospital 120 USUAL OCCUPATION (Kind of work done (1	26 KIND OF BUSINESS OR
Tectificate be executed within 24 hours after deoth gardsicion and completely filled in by the funeral hen please remove carbon popers. Pages 1 and 2 moval, and in any event, within 72 hours after death	П	give street address) ( a rewell   fall   during most of working life, even if retired.)	NDUSTRY Metal
arb art,	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 1/3c CITY OR TOWN 1/36, INSIDE CITY JM. 157	neoal
mpl mpl		ISSION) STATE APRYLAND 136 COUNTY MONTE MERY BETHESOF YES NO 9712 MARKUL	DAD DONE
20 CG 50 Yr	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	The addition
ate be exection and cale ond in any	14.	pund mapu	1.051
ate be	L	THOMAS KYAN MANY Unk	
krificate k physicion en pleose oval, ond		. WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO 17 INFORMANT  Address See  16c. no. or unknown)   (If yes give wor or dates of service)   60 0 0 2 3 00 00 00 00 00 00 00 00 00 00 00 00 0	# 13
Value of the second		(es, na, ar unknown) (It yes give war or dates of service) 689 - 03 - 8847 - 8 - MPS. SAMUEL LANK, DAUG	MIFR
he death cod offending p permit The		18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E - E - E - E E - E	1	PART +, DEATH WAS CAUSED BY	1066141
5 5 6		107 ×	7007
of of or		DUE TO, OR AS A CONSEQUENCE OF	
t the sit p		Conditions, if only, which gave (b) MF. TA ITA IC CARCINO MA + PROSTATE	141
thought the road		stating the underlying couse! DUE TO, OR AS A CONSEQUENCE OF	/
sicion si		lost. (c)	
bing PHYSICIAN: The law requires that the death cotifice by the hospital or attending physicion.  After this certificate has been signed by the aftending physis be detached for use as the buriol-transit permit. Then plays tate Dept. of Health prior to buriol, cremation, or removal,		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)	
n s n s o b	l.,		
PHYSICIAN: The law re he hospital or attending this certificate has been letached for use as the bept. of Health prior to	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONST	DERED IN CERTIFYING
as last	2	YES NO PER CAUSES OF DEATH?	
The selection of the se	E		
rot or lea		210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item POR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	18)
音音音	MEDICAL	(If either, notify medical examiner) P.M 19	
MS certification of the certif	38		ounty State
his his De		While Not while of work	
S + 1 = 2 e l	1	1970 1 cartify that (I) (this harnital) attended the decread from V/A W 19 6 V to V/A W 19 6	9 that (1) (wa) last
ADING d by t After d be c	1	22a. 1 certify that (1) (this haspital) attended the deceased from 1962, and that in (my) (aur) apinian death accurred an the date of	and haur and from the
R ATTEND retoined ECTOR: A 3 should		causes stated abave, (1) (we)-(ald) (did not) view the body after death.	11001011011011011
is is in the state of the state		226 S GNATURE 22 DAYE	SIGNED /
* 2 2 2 × 7		DEGREE PHYS DIRECTOR	0/69
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		22d PHYSICIANS 22e ADDRESS	
ZAL Ped /		MAME (Type) DR LEU I DONOVAN JZIV WIJCONINAN	BETHENDA
Page 4 mby be retoined by the hospital or attending physicion.  • FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhou d be filed with the State Dept. of Health prior to buriol, creating the state Dept.	-		
HC Hou	230	BUR AL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	County) (State)
5g 5g 2		Burial Jan 14, 1968 Calvary Woodside Long, 1	
VR A15 (4)	24	FUNERAL DIRECTOR Joseph Gawler's Son ADDRESS 250. RECO BY REGISTRAR'S SIGN	VATURE
30M REV. 1/68		5130 Wisconsin Av., NW Wash. D.C. DATE DATE	0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
CERTIFICATE OF DEATH 01220	
To DECEASED NAME TRIST Middle Salasin 20 DATE OF DEATH 25 HOUR 26 HOUR 26 HOUR 26 HOUR 27 PRINT	P <sub>M</sub>
To BIRTHPLACE (State or foreign to country) where deceased lived, it institution residence before lab. Country No. 13a. USUAL RESIDENCE (Where deceased lived, it institution residence before lab. Country No. 15a. USUAL RESIDENCE (Where deceased lived, it institution residence before lab. Country No. 15a. USUAL RESIDENCE (Where deceased lived, it institution residence before lab. Country No. 15a. USUAL RESIDENCE (Where deceased lived, it institution residence before lab. Country No. 15a. USUAL RESIDENCE (Where deceased lived, it institution residence before lab. Country No. 15a. USUAL RESIDENCE (Where deceased lived, it institution residence before lab. Country No. 15a. USUAL RESIDENCE (Where deceased lived, it institution residence before lab. Country No. 15a. MOTHER'S MAIDEN NAME First Middle Lost lab. Social SECURITY NO. 17a. Informant Address.  16b. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17a. Informant Address.	
70. BIRTHPLACE (State or foreign 7b. CHIZEN OF WHAT COUNTRY? B MARRIED NEVER MARKIED NOT OF DEATH WIDOWED DIVORCED DIVOR	Md.
To country)  To so the solution of DEATH  To country)  To solution of DEATH  To country)  To country)  To solution of DEATH  To country)  To country	
130. USDA. RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY INDITISTY 13e STREET AND NUMBER admission) STATE Md. 13b. COUNTY MORTGOMORY Bethesda YEST NO 8019 Whittier Blvd.	
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost  Lost Rachel L. Sincoff	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT AFFROXMATE INTERVAL.  APPROXIMATE INTERVAL.	nd.
BETWEEN CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c))  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  PROUTE () THE CITYLET OF THE CONSEQUENCE OF  Conditions, if ony, which gove)  Trise to immediate couse (o).  (b)  (c)  (c)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (f)  (f	_
to different only, which gove tise to immediate couse (a).  Series to immediate couse (b).  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  CEREBRAL ANTENIOS CLEROSIS	=
The state of operation was performed to the state of	
The part of the pa	
OFFICE BUILDING, ETC.    State	
22a. I certify that (I) (this hospital) attended the deceased from 1967, 19, ta 1-3/, 1969, that (I) (we) I saw the deceased alive an 1969, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death.	iast the
Sa Sa Director Degree PHYS DIRECTOR DIR	-
22d PHYSIC AN'S NAME (Type) Stanley W. Kirstein M. PZe ADDRESS STATO COWN. AVE. NW., D.C 230 BUR AL, CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store)  EMOVAL Specify Feb. 2, 1969 King David Memorial Gaeden Falls Church, Va.	Alberta.
30M REV. 1/88 Beenard Danzanskyt Sons 3551-ABDESS W.W. 250 RECD BY REGISTRAR 250 REGISTRAR SIGNATURE DAFEB 6 1969 FULL STREET ST	



1	And the same of	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR S	TATE		*1223 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1221
HEALTH	DEPT.		PECEASED NAME First Middle Q Lost 20 DATE KNOWN Menth	Day Year 2b HOUR
LEATIN delay is Poge It PM3. Poge	40	(	Type or Print) Caul anthony Santows DEATH MATED   Get	29 189 150 M
elay d 3	- a	3 S	EX 4 RACE S DATE OF BIRTH 6 ASK In yours FUNDER 1 YEAR IF UNDER 24 HRS 2C. DATE PRONOUNCED DEAD	2d HOUR
P P P P	191	//	nale White 4/23/06 62 xxs	7 Year 19 69 150 M
- >	*	(aur	BIRTHPLACE (Stote or foreign 76 CRIZEN OF WHAT COUNTRY? 8 MARRIED NOVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED 1	
Pages	of of	.0 (	CITY OR TOWAR OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (f not in hospital 120 USUAL OCCUPATION (K not of work done)	12b KIND OF BUSINESS OR
o	a) 1,		Belledie give street address) further during most of warking i.e. even if retired)	NBUSTRY &
G ve long	2 with deoth	130	USUAL RES DENCE (Where deceased ived, funstitution Residence before 13c CITY OR TOWN 13d MSIDE CTY LIMITS? 13e STREET AND NUMBER dmission) STATE 13b, COUNTY	90000
S 5 6 9 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ond 2 with fter deoth		Man Bethesda Balanci 7303 /n.	eleting De
hot Item Offi	l ond of ter	14. 1	ATHER'S NAME First Middle Cost IS MOTHER'S MAIDEN NAME First Middle	lost
1 24   III	pages	160	WAS DECEASED EVER INDS. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Edith Santoro ADDRESS of	0 1
d within 24 hours o in pencil in Item 18. Exominer s Office #1			(es my or Junknown) [It yes give war or dates of service] unknown Wile. 9505 Milst	read Dr. Bet
y pa			18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )	APPROX MATE INTERVAL BETWEEN ONSET AND OFATH
ecute ing:	ansit permit. F event within		PART I DEATH WAS CAUSED BY COFORDER Y Insufficency Acute	Sudden.
exi bend	ent ent		Conditions, if any, which gave )  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave )  DISERSE	11000
d b g	fran. Y ev		rise to immediate cause (a).	years.
hot. William	burrol-fransıf I in ony ever		lost	
INER: This certificate should be executed within 24 hours ofter death se certificate, writing the ward 'pending' in pencil in Item 18. Give Rage should be forworded to the Chief Redicol Examiner's Office along with	0 0		PART 2 OTHER S.GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
hfica sing ordiii	d as	8		
wro	mov X	E I	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This icote be f	ag a	CERTIFICATION	21a EXTERNAL CAUSE WAS 21b T.ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in ary in Part 1 ar Part 2, ste	YES NO
ertifi ould	ed for your files  CTOR: Page 3 should be used as burial, cremotion, or removal,	MEDICAL	PR.MARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M. 19	FIT 10 )
AIN he c	3 st	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 21f LOCATION Street or R FD No City or Town	County State
SICAL EXAMINER: se execute the cert ctor. Poge 4 should	may be reformed for your  FUNERAL DIRECTOR: Page  solth prior to buriol, crem		WHILE NOT WHILE TOCTORY, OTHER SUITING, etc.)	
AL E	OR: OR: Irral,		22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection 🔀, Inquiry 🗵	and in my apinion
oleose ex	RAL DIRECT prior to bu		death resulted fram: Natural couses 💢, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined monner	
	AL DIRE		ACTUAL SIGNATURE ASSISTANT MED CALEXAMINER (226 DATE)	SIGNEN
dry.	ERA Pr		SIGNATURE	29.1969
O DEPUTY necessary, i	o FUNE Health		NAME (Type)  ADDRESS(Street, city, town, or county)  Bethe	esda, Md
0 <u> </u>	. <b>2</b> ±	230	PEMOVAL (Specific)	(County) (State)
	0.0	24	FLINERA, DIRECTOR	2 # 6
	A15ME (5)		Robert A Pumphrey 7557 Wisconsin Ave	Q Q
10/11	100			



,	E	2400	BD HEIGHT A			EPARIMENT OF			
-6	ļ.,	13.42 t)					TIMORE, MARYLAND 21:	201 0722	2.2
		ems586 FilmG40		Myddle	CERTIFICA	TE OF DEATH			
death.		to a manual		Widdle	~		20. DATE OF DEATHMonth	Day Year	2b. HOURE
	3. 51		trude 4. RACE			tain DATE OF BIRTH	6 AGE (In ye	29 1969	1 1 1 0 0
		temale		rite			lost buthday		
S S S S S S S S S S S S S S S S S S S	70	NOTIFICACE CO		WHAT COUNTRY?	•	NEVER MARRIED	9. COUNTY OF DEATH	> 1K2	
e law requires that the death certificate be executed within 24 haurs after trending physician.  Is been signed by the attending physician and competely filled in by the as the burial-transit permit. Then please remays casen papers. (age prior to burial, crematian, or removal, and in any event, within 72 hours after.	COU	Wash D.C.	u.s.	A	WIDOWED		Montgomery		Md.
n 24 I		ITY OR TOWN OF DEATH	11	MAME OF HOSPITAL OR II	STITUTION (If not		UAL OCCUPATION (Kind of work		OF BUSINESS OR
within powerful	L	Silver Spring	gr	ve street address)	14Woodsi	de Phund	mast of warming life, even if re	etired) INDUSTRY	
e executed wind comprehens care on any event, w	130	USUAL RESIDENCE (Where decea	end found of each	stution Document before	13c CITY OR TO	OWN 13d INSIDE CITY		BER Silver	
	<u></u>	Marylan	1 13B COUNTY	Yontgomery		Dr.	NO 1104 Wood	lside Pkwy	
and ond rem	14. 1	ATHER S NAME First	Middle	e Last	15 A	NOTHER'S MAIDEN NAME		rddle	Lost
e be	<u></u>	Char		Tracy 166 SOCIAL SECURITY	112 110		k Delia		dwith
PHYSICIAN: The law requires that the death certificate be exect the haspital or attending physician. This certificate has been signed by the attending physician and certached far use as the burial-transit permit. Then please remay Dept. af Health prior to burial, crematian, or removal, and in any e	160	WAS DECEASED EVER IN U.S. AR	MED_LOKCEZs	577=05=5		ORMANT Villiam C.		Woodside 1	DL
phy hen sovo	H	TO CALLET OF BEATH (C.				eccuan C.	JULIUM 1104	APPRO	OXIMATE INTERVA.
th ceil ding F	ı	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY.	crerbra Crerbra		luc			day
ne death attendi permit. ian, or r	ı	1714 Y IMMEDI	ATE CAUSE (o)		***	lus		1	uay
the are to be attack	ı	Conditions, if any, which gave		R AS A CONSEQUENCE OF		noost wit	h metastasis	s to 4	months
hat 7. Sinsi emc		rise to immediate couse (a), stating the underlying cause	(b)	R AS A CONSEQUENCE OF		e brain	II MC CAD CAD II	3 00 1	1110110110
es the sicial side of the side		last.	(c)_		011	o brazii			
The law requires that the death attending physician. has been signed by the attendise as the burial-transit permit. In prior to burial, crematian, or recovered.		PART 2. OTHER SIGNIFICANT CO		BUTING TO DEATH BUT I	NOT RELATED TO T	HE TERMINAL DISEASE O	CONDITION GIVEN IN PART 1(0)		
low re nding been s s the l	I z								
s be as 1 orior	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	20a AUTOPSY?	CALIFOR OF PRATUS	NDINGS CONSIDERED IN	I CERTIFYING
두 글 로 일 두 🐣 .	E					YES NO NO	<b>△</b>		
YSICIAN: aspital or certificate thed for u		210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	OF INJURY M. Month Day Yeo		INJURY OCCURRED (En	ter nature of injury in Port 1 or	Port 2, Item 18.)	
SICA Spirition in a factor of the control of the co	MEDICAL	(If either, natify medical exam	iner) P./		ICTORY 1 216 LOCA	TION Street or R.F.D. 1	ia. City or Town	County	State
G PHYSIC the haspi this certi detached		While Not while at work	, PLACE OF INJUR	AT HOME, FARM, STREET F. OFFICE BUILDING, ETC.	21, 100	THOM SITEBLE DE R.P.D. I	io. City of fown	County	21016
IDING PH I by the h After this I be deta	ı	220   certify that (1) (4)	ris-bosonitollur	attended the decen-	sed from 5 /	77 .19	66, to 1/29		ot (I) (XX lost
ATTENDING etained by the CTOR: After I should be dirth the State	ı	sow the deceosed of	live on	1/29	1969, ond t	hat in (mv) (aarto	bb , to 1/29 pinion deoth occurred on	the dote and hou	ur and from the
TOR Haul		couses stoted obov	e, (I) (we) (di	d) (did not) view the	body offer de	oth.		I so. DATE CICHED	
OR A DIRECTOR S S S S S S S S S S S S S S S S S S S		226. SIGNATURE	w716	allino M	DEGREE	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS.	22c DATE SIGNED 1/29/6	9
y be go		22d. PHYSICIAN'S	-		Dronce	22e. ADDRESS	DIRECTOR CO PRES. CO	1 27 27	Ma.
FIT ma		MALIE (Toron)	as F C	ollins. N	I.D.	2600 ฉบ	eens Chapel	Road, H	yatts_
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital or af to FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached for use shauld be filed with the State Dept. af Health	230.	BURIAL, CREMATION, 23b.	DATE		CEMETERY OR CR	EMATORY	23d LOCATION (City or Tow	vn) (Caunty)	(State)
55 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		BMOVALISACITY) 3e	b. 1. 11		ihn's Cen		Forest Glen,		d.
VR A15 (4)	24	ETHERALDIRECTOR C. 52	en latti	er 8434 Year	rgia Av	inue 250 RECTO	EB 3 1369 REG	SISTEMA SIGNATURE	Jugar
30M REV. 1/68	W	arner L. Pumph	rey. Inc			1d DATE	25 ,	11	1/ **



\		MARYLAND STATE DEPARTMENT OF HEALTH	
* 1 ×2k		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	01223
4 −24		ECEASED NAME First Middle Lost 20 DATE OF DEATH	2b HOUR
dea	(	(Ype or print) Harrison Auson: 4) (L. Month Doy	Yeor 44-30 M
for the fer of	3 S	X 4 RACE S. DATE OF BIRTH 6 AGE (In years	IF UNDER YEAR IF UNDER 20 HRS
hours after death n by the funeral re- ages 1 and 2 naurs ofter death		m Whate 11/15/23 19 19 19 19 19	MONTHS DAYS HOURS MIN
hour hour	7o case	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
2 2000		Marcy 6 great U.S.A WIDOWED DIVORCED Monthsome	kez Ma
· E * E * F :	10 (	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street godress) 12a USUAL OCCUPATION (Kind of work done give street godress) 12a USUAL OCCUPATION (Kind of work done give street godress) 12a USUAL OCCUPATION (Kind of work done give street godress)	12b JOND OF BUSINESS OR INDUSTRY
a de de	13 o.′	USUAL RESIDENCE (Where deceosed lived if institution: Residence before 13c. CITY OR TOWN 3a mis de CITY LM IS? 13e STREET AND MUMBER	EDUCATION
executed with and cample elya remave carbon any event, will	odm	Maryland 136 COUNTY, ont. Chencel for 50 4856 Che	my Chen Berry
and ca	14	ATHER'S NAME First Middle Last MOTHER'S MA DEN NAME First Middle	Last
icate b sician ( please 1, and i	160	WAS DECEASED EVER IN S ARMED FORCES? OB SOCIAL SECURITY NO 17 INFORMANT (AZUNT) Address	*
eath certificate bending physician int. Then please ar remaval, and i	Y	WAS DECEASED EVER IN S ARMED FORCES?  65. NO, OR UNEXPOSED (1 yes give wor or do'res of service)  67. O. J. C. T.	836 Word
certh p ph hen nave	H	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL
at the death cei the attending p nsit permit. The matian, ar rema		PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
dec tren tren n, ar		Immediate CAUSE (0)	3 months
the de t pe		Canditions, if any, which gave)  DUE TO, OR AS A CONSECUENCE OF arterioscales and arterioscales and	St Jones
that an. by th ransi		rise to immediate cause (a), (b)	o Jams
equires that the d physician. signed by the att burial-transit peri burial, crematian,		stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF     lost.   (c)	
equires physicio physicio signed l burial-ti burial, c		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
ng F	25	Probeter	
The law ratending attending has been se as the h practo	ATIO	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERAT. ON WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CON	NSIDERED IN CERTIFYING
The atternation to be seen	CERTIFICATION	YES NO X CAUSES OF DEATH?	
ar or lead		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, the	em (8.)
d fight	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave can shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event	ME	21d. INJURY OCCURRED While Not while at work  At Home, FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. No.  City or Town	County State
IDING J by th After t J be da		220   certify that (I) (this haspital) attended the deceased from 0 0 0, 1968, to 1/19, 196	9 , that (I) (We) last
ENDI ned b R: Aff Uld b the St		saw the deceased alive an(//91969_, and that in (my) (our) opinion death occurred on the date causes stated above, (1) (we) (did) (did nat) view the bady ofter death.	ond hour and fram the
E S S S S S S S S S S S S S S S S S S S		22b SIGNATURE () 22c BA	ATE SIGNED
OR DE T		Or Fosiph : Tennies DEGREE PHYS DIRECTOR DIRECTO	119/69
TAL May Pag Pag e fil		22d. PHYSICIAN'S DZ JOSEPH P. KENRICK 22e ADDRESS 6450 Winesmin (the B.	1 0 2 0
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ulasda mit
Page Page Jired Shau	23a	BERIAL, CREMATON, 236 DATE 236 NAME OF CEMETERY OF CREMATORY CONCLUDE 23d OCATION (CAY OF TOWN)	(County) (Stole)
5.5	04	unest to the tot st. Julian (many) Ill (room, "	CHATHRE
VR A1 100	X	Delector (Like I Stewners) ADORESS 30 Clariff Fred RECO BY REGISTRAR 2SI REG STRAR SSI	, June



		122:			TE DEPARTMENT OF			
			OLVISION OF		I. PRESTON STREET, BAI		21201	1224
	It	em7 FilmGh08 1/	14/69 k	k <b>CERTI</b>	FICATE OF DEATH		9 _	1225
年 三五年		CEASED-NAME First		Middle	Last	20 DATE OF DEATH	al. D.	2b. HOUR
r deoth		PLORENC	2	107. 20	PAller	JAN. Mon	ith Doy	69 232 M
offer offer	3 SE	X	4. RACE	110a in	S. DATE OF BIRTH	6. AGE (	(In-years IF UNDER MONTHS) YRS.	
anno Anno Anno Anno Anno Anno Anno Anno		HRTHPLACE Brote or foreign 2	b. CIT ZEN OF WH	HAT COUNTRY?USA 8 MARI	RIED IN NEVER MARRIED	9. COUNTY OF DEATH	/ 183.	
d in	cour	Coglimas	e 14/1/1	A	WED DIVORCED	77lon	/	E-cy Md
equires that the death certificate by executed within 24 hours after death physician. signed by the attending physician and campletely filled in by the uneral burial-transit permit. Then please remove carbon papers, Prince, it and 2 burial, cremation, or remavol, and in ony event, within 72 trauss affect death	30 0	ITY OR TOWN OF DEATH	g ve s	AME OF HOSPITAL OR INSTITUTION		UAL OCCUPATION (Kind of mast of working life, ever		KIND OF BUSINESS OR USTRY
carb ent,	13a	USUAL RESIDENCE (Where deceased	l lyeed, if instituti	ion: Residence before 36 CIT	Y OR TOWN 13d INSIDE THE	L/	NUMBER	1
d cample		1119.	71	loot XIVE	R Ship K 1/1 / / The	NO 01 3	HIG JAKE	D 18RE.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	14. í	ATHER'S NAME First	Middle	Last	IS MOTHER'S MAIDEN NAME		Middle	Lost
e b	<u></u>	John		Athoff	13 INCORNANT	Mary		Blair
rrificate t physicion en please avol, and	Tod.	WAS DECEASED EVER IN U.S. ARMEI es, no, or unknown) (If yes give wor	or gases of service)  ) LOKEF21.	16b. SOCIAL SECURITY NO.	17 INFORMANT	O Distance	Address	## O
phy phy navo				074-20-7540	Mrs. Emeline	C. Dickson	Same as	#13
s that the death cerian. I by the attending programit. The		<ol> <li>CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED</li> </ol>	BY	ne for (a), (b), and (c).)	11 +	+	-	BETWEEN ONSEY AND DEATH
he deoth ottendin permit. ion, or re		IMMEDIATE	CAUSE (o)	(er	e bral mel	25/25/9		3 months
e of		Conditions, if any, which gave )	DUE TO, OR A	IS A CONSEQUENCE OF	24 2/2 222 2	-		1 Vania
y th Insit		rise ta immediate cause (a) {	(b)	IS A CONSEQUENCE OF	onchogenic	Carcinom	. 4.	1 Year
equires that the physician. Signed by the burial-transit purial, cremating		stating the underlying couse	(c)	D A CONSEQUENCE OF				
hysi hysi gne uria uria		PART 2 OTHER SIGNIFICANT COND		TING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART	[ ](a)	
red program si	I_						-(-)	
low bee s th	ATTO	19a DATE OF OPERATION 19b. CC	INDITION FOR WH	CH OPERATION WAS PERFORMED	20c. AUTOPSY?	20b IF YES, WER	RE FINDINGS CONSIDER	RED IN CERTIFYING
4: The fow re or attending the has been use as the solth prior to	CERTIFICATION				YES NO	CAUSES OF DEAT	н?	
ate of leoli		210 ACCIDENT WAS UNDERLYING	21b TIME OF		C HOW INJURY OCCURRED (En	ter noture of injury in Part	1 or Part 2, Item 1B.	.)
Pital Pital of E	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. P.M.	Month Day Yeor				
D HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate Page 4 may be retained by the hospital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion director, page 3 should be detached for use as the burial-transit permit. Then pleas should be filed with the State Dept. of Health prior to burial, cremation, or remayol, and		21d. INJURY OCCURRED 21e. Pl While Not while at work at work	LACE OF INJURY (	AT HOME, FARM, STREET, FACTORY, 2 OFFICE BUILDING, ETC.	If LOCATION Street or R.F.D. I	No. City or Town	Coun	ity State
NG The term of the total		22a. I certify that (I) (this	hospital) atte	ended the deceased fram	March 18, 19	15 , to 24 1	, 1949	, that (I) (we) last
IND END END END END END END END END END E		snw the decensed alix	10 nn J 31	<u>44 2 ビリ   1969</u> ( <del>did_no</del> t) view the bady al	and that in (my) (aur) a	pinian death accurred	I an the date and	d haur and fram the
ATTE Strain Shou ith H		221 SIGNATURE	(i) (we) (aia) (	( <del>ard no</del> rf view the bady at	ter death.		22c DATE SIG	CMED
OR Post of Pos		Darmond (S)	· Oak	MID	DEGREE PHYS.	MED STAFF DIRECTOR PHYS.	D Jair	1019
AL C		22d. PHYSIC ANS	20001111	isit, / II	22e. ADDRESS 🖫 🚣	It // wires	SITU AT	176
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		NAME (Type) Raym	and L	Bradshaw	Silver	Spring . A	10.7	12,00
TOS UNIC	23o.	BURIAL, CREMATION, 23b. DA	TE .	23c NAME OF CEMETER	OR CREMATORY	23d LOCATION (City o	r Town) (Coun	nty) (Stote)
Page Page O FUN direct shoul		DEMOVA: (Specific)	3-69		nd National	Farminodal		New York
VR A15 (4)	24-	EUNERAL DIRECTOR		00 Universit	Bern 1 250 RECTO	BY REGISTRAR 25b.	REGISTRAR'S SIGNATI	
30M REV, 1/68		Manusfall	ens A	elver spring	7 ma DATE AT	1969	flances.	



	1	MARYLAND STATE DEPARTMENT OF HEALTH	da - loll 12
		$3122$ . Division of vital records, 301 W. Preston street, baltimore, maryland 21201 $^{\circ}$ $\%$	00-120
	1	CERTIFICATE OF DEATH	J1220
+ −2+		ECEASED-NAME First Middle Lost 2a DATE OF DEATH	25 HOUR
and dea	,	(ype or print) Cur. T. C. Schiffeler Month Day	200 JES N
# V <sub>2</sub> = #	3. S	EX 4 RACE / S DATE OF BIRTH 6 AGE (n years life	INDER I YEAR HE JINDER 24 HRS
Page urs at		MALE. White 6-5-92 last bighday) VRS MOH	THS DAYS HOURS MIN
by yd	70.	BIRTHPLACE (Stote or foreign 76. CITZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
24 hc d in pers. 72 h	100	GERMANY U.S. A WIDOWED DIVORCED MONTGOMERY	— Md
The law requires that the death certificate be executed within 24 haury after death obtending physician. has been signed by the attending physician and campietely filled in by the ruperal se as the burnal-transit permit. Then please permov carbon papers. Pages I and ith priar ta burial, crematian, are may and many event, within 72 hours after death	10	LILE OK TOWAL OF DEATH III NAME OF HOSPITAL OK INSLITATION (It not in hospital - 3170 - 115A. Of CIPATION (Kink of work dans 771)	26 KIND OF BUSINESS OR
bely with		DETHES DE SUBURDEN RETREE - MANDER	HC7ZLS
de de de		USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY OR TOWN, 13d INSIDE CITY LIM 157 13e. STREET AND NUMBER	5 .
execute and camp and camp	V	Mid. Mistignmeny Chevy Clase is A NO A FARMINGTON	DRIVE
and one	14,	FATHER'S NAME First Middle SA	EITZ Lost
a = 3.5	L	Carl Schiffeler MARIA	8 - EN.
equires that the death certificate be physician. Signed by the attending physician contractions of burial-transit permit. Then please burial, cremation, or remayal, and		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO 17 INFORMANT  18 INFO	( )
phy en l			egton UR.
ing the		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:  Conception and odomo pill monority	BETWEEN ONSET AND DEATH
end end or r		immediate Cause (a) Congestion and edema, pulmonary	
aft an,		DUE TO, OR AS A CONSEQUENCE OF	
th the the mat		(anditions, if any, which gave) isse to immediate cause (a). (b) Hypertensive cardiovascular disease	
re training the		stating the underlying couse? DUE TO, OR AS A CONSEQUENCE OF	
ysic ysic med rial,		last. (c)	
Physical Phy		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
uw re ding neen the	Z	Associated with GI hemorrhage due to peptic ulcers  190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS CONST	
JING PHYSICIAN: The law requires the by the hospital ar attending physician. Ther this certificate has been signed by the detached for use as the burial-transtate Dept. af Health priar ta burial, cre	CERTIFICATION	CHITATA DO 2021AD	DERED IN CERTIFYING
IAN: The out ficate ha far use Health p	E E	210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED. (Enter poture of mury ap Port 1 or Port 2 Hem	10.1
ficat for Hein	13	OR CONTRIBUTING CICAUSE OF DEATH HOUR A.M. Manth Day Year	18.)
SSpired and the control of the contr	JQ3	(If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY / AT HOME FARM, STREET FACTORY, 1 21f LOCATION Street or R.F.D. No. (its or Town for	
DING PHYSICIAN: by the haspital or ther this certificate be detached for u State Dept. of Heal		While Not while 1 (OELICE BUREDING, ETC.)	ounty State
at a de		pt work at work	that (I) ( last
d by Affer d be e Stat		saw the deceased glive an Sally and that in (my) (cast appropriate data and the date of	ind hour and from the
OR:		causes stated abave, (1) (max) (did) (did not) view the bady after deoth.	1
A P P P P P P P P P P P P P P P P P P P		226 SMANDRE ATTENDING MED STAFF 22c DATE	SIGNED
Ped Se		DEGREE PHYS DIRECTOR PHYS LINE	
May Page Page Page Page Page Page Page Page		22d PHYS (IANS NAME (Vide) COO IT AND 22e. ADDRESS IT 40 NAME VILL (NAME)	Se DRIVE.
TO HOSPITAL OR ATTENDING PHY Poge 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 shauld be detac shauld be filed with the State Dep		1 0 500 = 401 CALLAN LA	71/2/27
Should be should	23 a	BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d Ligation (try or lown) (C REMOVAL (Specify) 1-24-1969 Cedar Hill Cemetery Newark, Ohio	aunty) (State)
57 5	26		AT 105
VR A15 (4 45M 1 69	24.	Joseph Gawler's Sons, Inc., 51086 Wisc. Ave. 250 REGISTRAR 256 REGISTRAR 250 REGISTRAR	Ludge
4500		N. W., Wash., D.C., 20016 DAIL AN 29 1969	0



	1	MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
by the funeral Roges i and 2 hours ofter death.	1. D	ECEASED NAME First Middle tost 20. DATE OF DEATH (ype or print) Misseries OV September 1 Month Day Year 945 M
opes I	3 SI	Female White 2/3/89 lost pirthday) YRS. MONTHS DAYS ROURS MIN
per line	caui	BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH MIDOWED DIVORCED MONTHS MARRIED MONTHS MAR
	1	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)  120 USUAL OCCUPATION (Kind of work done during most of work ng ife, wen if retired)  12b AND OF BLSINESS OR HOSPITAL OR INSTITUTION (If not in hospital during most of work ng ife, wen if retired)
Save ca	alim	USUAL RES DENCE (Where deceased ved, if institution Res dence before 13c CITY DR TOWN 13d NSIDE CITY IN 137 13e STREET AND NUMBER 13th COUNTY TOWN STATE NO 12C FLEET WORD TERRITORY
Parin of the same		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Schomon Wolf Valia OTTENBERG
oval, a		WAS DECEASED EVER IN L.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Addiess Son and ar unknown) (If yes give wor or dottes of service) Son Service)  16 SOCIAL SECURITY NO 17 INFORMANT SERVICES TO SERVIC
director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon paper . Jages I and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and the only event, within 12 hours ofter deoth.		APPROXIMATE INTERVA.  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  rise I a immediate cause (a).  Stating the underlying cause (b).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)
h prior to	CERTIFICATION	19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO CAUSES OF DEATH?
of Healt	MEDICAL CER	216 ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year   P.M.   19
re Dept.	W	21d INJURY OCCURRED While Not while of twark 12 le. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 22F LOCATION Street or R.F.D. No. (ity or Town County State of work)
ould be the Sta		220. I certify that (I) (this hospital) attended the deceased from 1-8, 1944, to 1-4, 1964, that (I) (we) lost sow the deceased alive an 1-9, 1964, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		226 SIGNATURE ATTRIBUTE ATTRIBUTE DIRECTOR STAFF PHYS 10 - 19
ctor, po	02.	22d PHYSICIANS NAME (Type) ROBERT RAMONTGOINERY SETHESON, MID.
dire	230	BUR AL, CREMAT ON, REMOVAL (Specify)  BUR II. (SPECIFY)  ADDRESS 1 14+bs+ NIV 259 READ BY REGISTRANCE (County)  BUR AL, CREMAT ON, 236 LOCATION (City or Town) (County) (Stote)  Hyastsville, Md.  ADDRESS 1 14+bs+ NIV 259 READ BY REGISTRANCE (COUNTY)  ADDRESS 1 14+bs+ NIV 259 READ BY REGISTRANCE (COUNTY)
VR A15 450	B∈	Finard Danzansky & Sons 3501 14thSt.NW23AM T 1511969 254 Telegraph 1 14thSt.NW23AM T 1511969

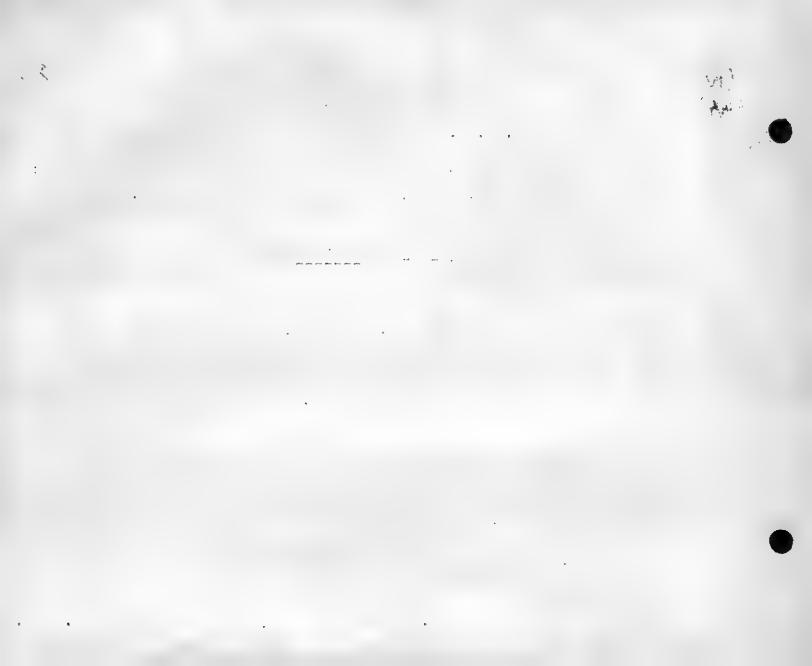
7 INBARTOLO



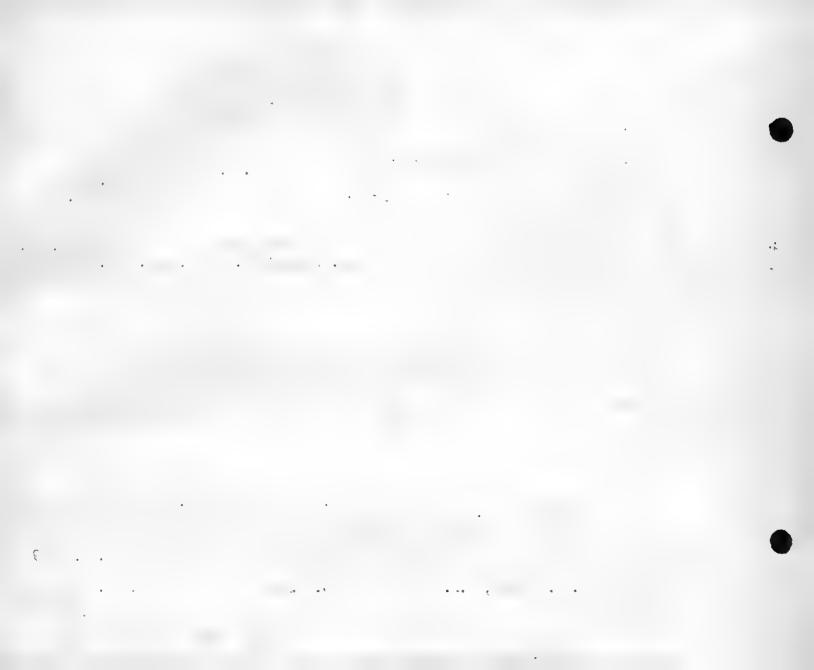
MAKTLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTHMORE, MARYLAND 21201  CERTIFICATE OF DEATH    Division of Vital Press   Division of Vital Pre
DECEASED-NAME (Type or print) W   1 cm   Scott   20 DATE OF DEATH   Month   Doy Year   2b HOUR   Month   Doy Year   Month   Doy Wenth   Doy Went
(Type or print)  3 SEX  4. RACE  5 DATE OF BIRTH  10 ACE IT YES BUILDING WHAT COUNTRY?  6 ACE IN yeors lost birthday?  10. BIRTHPLACE (Store or foreign country) To CITIZEN OF WHAT COUNTRY?  10. BIRTHPLACE (Store or foreign country) To WAR OF HOSPITAL OR INSTITUTION (If not in hospital duple myst of working life, even if returns)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital duple myst of working life, even if returns)  12. CLEAR ESIDENCE (White deceased lived, if institut on Residence before life country)  13. CS. AL RESIDENCE (White deceased lived, if institut on Residence before life country)  13. CS. AL RESIDENCE (White deceased lived, if institut on Residence before life country)  14. FATHER'S NAME First Middle Lost life Middle Lost life Middle Lost life Middle Size of Working Lost life Middle Lost life
10 CITY OR TOWN OF DEATH  SI U2r Spring  October 13 Color and O'   La Nursing Home Audition (Kind of work done duping most of working He, even if retured)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  131 LS MOTHER SMOTH AND LS MOT
10 CITY OR TOWN OF DEATH  SI U2r Spring  October 13 Color and O'   La Nursing Home Audition (Kind of work done duping most of working He, even if retured)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  131 LS MOTHER SMOTH AND LS MOT
10 CITY OR TOWN OF DEATH  SI U2r Spring  October 13 Color and O'   La Nursing Home Audition (Kind of work done duping most of working He, even if retured)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  131 LS MOTHER SMOTH AND LS MOT
10 CITY OR TOWN OF DEATH  SI U2r Spring  October 13 Color and O'   La Nursing Home Audition (Kind of work done duping most of working He, even if retured)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  131 LS MOTHER SMOTH AND LS MOT
10 CITY OR TOWN OF DEATH  SI U2r Spring  October 13 Color and O'   La Nursing Home Audition (Kind of work done duping most of working He, even if retured)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  130 LS.AL RESIDENCE (White deceosed lived, it institut on Residence before 13 CITY OR TOWN)  131 LS MOTHER SMOTH AND LS MOT
Si ver Spring give street oddress)  Si ver Spring give street oddress)  130 S.S.AI RESIDENCE (Where deceosed had, it institut on Residence before 13c (ITY OR TOWN 13d. Note (IT) with 13c. STREET AND NUMBER  130 S.S.AI RESIDENCE (Where deceosed had, it institut on Residence before 13c (ITY OR TOWN 13d. Note (IT) with 13c. STREET AND NUMBER  130 S.S.AI RESIDENCE (Where deceosed had, it institut on Residence before 13c (ITY OR TOWN 13d. Note (IT) with 13c. STREET AND NUMBER  130 S.S.AI RESIDENCE (Where deceosed had, it institut on Residence before 13c (ITY OR TOWN 13d. Note (IT) with 13c. STREET AND NUMBER  130 S.S.AI RESIDENCE (Where deceosed had, it institut on Residence before 13c (ITY OR TOWN 13d. Note (IT) with 13c. STREET AND NUMBER  130 S.S.AI RESIDENCE (Where deceosed had, it institut on Residence before 13c (ITY OR TOWN 13d. Note (IT) with 13c. STREET AND NUMBER  130 S.S.AI RESIDENCE (Where deceosed had, it institut on Residence before 13c (ITY OR TOWN 13d. Note (IT) with 13c. STREET AND NUMBER  130 S.S.AI RESIDENCE (Where deceosed had, it institut on Residence before 13c (ITY OR TOWN 13d. Note (IT) with 13d. Note (IT) wit
DI USAN PRINCE (With deceosed Intelligence of the part
130 S.S.AI RESIDENCE (Where deceosed hard, it institution Residence before 13c CITY OR TOWN 13d. Known 150 13e. STREET AND NUMBER 13d. COUNTY Montgomery Silver Spring 18d. Known 150 13e. STREET AND NUMBER 200 200 200 150 200 200 200 200 200 200 200 200 200 2
14 FATHER'S NAME First Middle Los Is MOTHER'S MA DEN NAME First Middle Silas Scott Susan Rogers  15 West of Death (First only one course per line for (o), (b), and (c))  16 CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  18 CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c))  19 PART 1. DEATH WAS CAUSED BY.  10 DUE TO, OR AS A CONSEQUENCE OF rise to mimed at ecourse (o), stoling the underlying course lost.  18 CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c))  19 PART 2. OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  19 DATE OF OPERAT ON 19 DO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  19 DATE OF OPERAT ON 19 DO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  19 DATE OF OPERAT ON 19 DO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  19 DATE OF OPERAT ON 19 DO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  20 DATE OF OPERAT ON 19 DO CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
14 FATHER'S NAME First Silas Scott Susan Rogers  15 Silas Scott Susan Rogers  16 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no grunknown) (19 yes gas were or dores of service)  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to mined atte cause (o), stabling the underlying couse lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  C U infection to Death But not related to the Terminal DISEASE OR CONDITION GIVEN IN PART 1(o)  C U infection to Death But not related to the Terminal DISEASE OR CONDITION GIVEN IN PART 1(o)  190 DATE OF OPERAT ON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUFOPSY?  100 AUFOPSY?  101 A FATHER'S NAME First Subana Rogers  Rogers  Roders  Middle Subana Rogers  Rogers  Middle Subana Rogers  Middle Subana Rogers  Middle Subana Rogers  Middle Subana Rogers  Nother's MAD DEN NAME First  Subana Rogers  Middle Subana Rogers  Middle Subana Rogers  Address  Yes, no grunknown)  102 APPROX MAX INT.RVA.  Wheaton, MC approx Max Int.RVA.  Wheaton, MC approx Max Int.RVA.  Wheaton, MC approx Max Int.RVA.  But 102 Approx Max Int.RVA.  The part 2. Other Significant Conditions Considered in Certifying  103 AUFOPSY?  104 Address  Wheaton, Mc address  Nother Subana Roders  Nother
Silas Scott Susan Rogers  160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no grunknown)  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to mined at cause (o).  Stating the underlying couse was a consequence of which is to mined at cause (o).  The part of the conditions of as a consequence of conditions of the condition of the condition of the conditions of the condition of the conditions of the condition of the conditions of the condition
160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown)  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))  PART L. DEATH WAS CAUSED BY.  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))  PART L. DEATH WAS CAUSED BY.  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))  PART L. DEATH WAS CAUSED BY.  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))  PART L. DEATH WAS CAUSED BY.  19 DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to mined ofe couse (o), stoting the underlying couse lost of the terminal disease or condition given in Part 1(o)  19 DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  19 DATE OF OPERAT ON 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  200. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to mined at cause (o), stating the underlying couse (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED  200. AUTOPSY?  200. BY VEG. WITH THE CONDITION OF CONTRIBUTION WAS PERFORMED  200. AUTOPSY?  200. BY VEG. WITH THE CONDITION OF CONTRIBUTION WAS PERFORMED  200. AUTOPSY?  200. BY VEG. WITH THE CONDITION OF CONTRIBUTION WAS PERFORMED  200. AUTOPSY?  200. BY VEG. WITH THE CONTRIBUTION OF CONTRIBUTION WAS PERFORMED  200. AUTOPSY?  200. BY VEG. WITH THE CONTRIBUTION OF CONTRIBUTION WAS PERFORMED  200. BY VEG. WITH THE CONTRIBUTION OF CONTRIBUTION O
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to mined and ecouse (o), stating the underlying couse lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  L. M. Michael C. V.A.  Wheaton, Md APROX MAR INIT.RVAL  BETWEEN ONSET AND ORATH  PART 1. DEATH WAS CAUSED BY.  L. M. MICHAEL C. V.A.  DUE TO, OR AS A CONSEQUENCE OF  Lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  L. M. Michael C. V.A.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  L. M. MICHAEL C. V.A.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  L. M. MICHAEL C. V.A.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  L. M. MICHAEL C. V.A.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  L. M. MICHAEL C. V.A.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  D. M. MICHAEL C. V.A.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED  200 AUTOPSY?  200 BUT D. M.
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove property of the underlying couse lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(b)  C. U. Infection to Death But NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)  DUE TO, OR AS A CONSEQUENCE OF  LOST.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)  DUE TO, OR AS A CONSEQUENCE OF  LOST.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)  DUE TO, OR AS A CONSEQUENCE OF  LOST.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)  DUE TO, OR AS A CONSEQUENCE OF  LOST.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)  DUE TO, OR AS A CONSEQUENCE OF  LOST.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)  DUE TO, OR AS A CONSEQUENCE OF  LOST.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED  200 AUTOPSY?  200 AUTOPSY?  200 AUTOPSY?
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to mined of couse (o).  Stoling the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  C. U. infection to death But not related to the terminal Disease or Condition Given in Part 1(o)  C. U. infection to death But not related to the terminal Disease or Condition Given in Part 1(o)  Disease or Condition Given in Part 1(o)  C. U. infection to death But not related to the terminal Disease or Condition Given in Part 1(o)  Disease or Condi
Conditions, if ony, which gove rise to mined of ecouse (o), stating the underlying couse lost.  Due to, or as a consequence of lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  Conditions, if ony, which gove rise to mined of ecouse (o), stating the underlying couse lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  Conditions, if ony, which gove rise to mined of ecouse (o), stating the underlying couse lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  ON THE OF OPERAT ON 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  190 DATE OF OPERAT ON 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The first of mind of couse (o).  Due to, or as a consequence of (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  Lingertim + JB blinding Lyndling outside (o).  190 Date of operation 196 Condition for which operation was performed 200 autopsy?  20b. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING
lost.   (c)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  LU infection + old blueding burdling on the condition of the certifying 190 Date of Operation   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   20b. 15 YES, WERE FINDINGS CONSIDERED IN CERTIFYING
5 190 DATE OF OPERAT ON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
196 DATE OF OPERAT ON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
do 2 to 0 d
PES P SE
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 21d. INJURY OCCURRED Contribution Country (At Home Farm, Street Factory) 21d. INJURY OCCURRED Contribution Country 19 21d. INJURY OCCURRED Contribution Country 21d. INJURY OCCURRED CONTRIBUTION
TO GO CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year  19 19
19 21 Country Tredict experience of the first product experience of the first product of the
While Not work of work of work
220. I certify that (1) (this hospital) attended the deceased fram 1962, and that in (my) (our) apinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death.
saw the deceased glive an 1961, and that in (my) (our) apinion death occurred an the date and hour and from the causes stated abave, (1) (we) (fin) (did not) view the bady after death.
Causes stated above, (1) (we) (and nat) view the bady after death.
226 SIGNATURE  226 SIGNATURE  226 DATE SIGNED  227 DATE SIGNED  220 DATE SIGNED  220 DATE SIGNED  221 DATE SIGNED
Congene 1, Chap M.D. DEGREE PHYS DIRECTOR PHYS Jo Jan 69
NAME (Type) Eugene J- Chap 1302 18th St. NW WASHINGTON, D
causes stated abave, (1) (we) (did not) view the bady after deoth.  22b SIGNATURE  22c DATE SIGNED  22c DATE SIGNED  22d PHYSICIAN'S  NAME (Type) Eugene d-Chap  23c NAME OF CEMETERY OR CREMATORY  23d LOCATION (City or Town)  12d LOCATION (City or Town)  23d LOCATION (City or Town)
23c. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote) 25c. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote) 25c. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote) 25c. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote) 25c. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote) 25c. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote) 25c. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote) 25c. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote)
VR ALSO 24 FLATBAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 250 REGISTRAR'S SIGNATURE -



n			31230			) STATE DEPARTS 301 W. PRESTON ST		IH RE, MARYLAND 21201		
1		I	tem; 23h, Film 7	108 1/20/69 k	_	ERTIFICATE OF		,	199	হা
•	er death.  funerof  ond 2  er death.	1 0	ECEASED NAME First Type or print) Liste		Middle	Sells		anuary Month 7	90Y <b>1</b> 969°°°	26. HOUR 1126A <sub>M</sub>
	after tunges 1	3 S	Male	4 RACE Caucasian		5 DATE OF E	BIRTH 1 16, 1907	6 AGE (In years last)	HE JINDER 1 YEAR MONTHS DAYS	F JNDER 24 HRS HOURS MIN
	4 hours	7a cau	BIRTHPLACE (State or foreign	75 GIBZEN OF WHAT COUN	TRY?	8 MARRIED NEVER MA		UNITY OF DEATH	<u></u>	
	within 2	10	CITY OR TOWN OF DEATH Bethesda	Name of Ho		TJTION (If not in hospital	12a USUAL OCC	UPATION (Kind of work done working life, even if retired	12b KIND OF E	BLSINESS OR
	ond completely/ul remove corbon promote corbon prom	13o odn	USUAL RESIDENCE (Where deceosission) STATE Virginia	sed lived, if institution Resid	_		13d INS OF CITY LIM TS? YES NO S	13e STREET AND NUMBER	Apt. 067	
	ond co	14.	FATHER S NAME First	M ddle	Lost		MALDEN NAME First	Middle		Last
	e pe	160	Charles Se		TAL SECURITY NO	D 17 INFORMANT	Nash Stre		Arlington	1/2
	ertrificote ien plee ovel an		(es, na, ar unknawn) (11 yes give w	var or dates of service)				Sells, Apt.	367, 1200	North
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or aftending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending prevention and completely tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removel, and in any event, with a fixed regime death and the state Dept. of Health prior to burial, cremation, or removel, and in any event, with a fixed regime death and the state Dept.	NC	PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	EQUENCE OF AROLES	ny Failno	esema y	- PH-CLUROIZ  ON GIVEN IN PART I(a)	BETWEEN ON	IGEL MILEVALI
	The lay attend has be se as I th prior	CERTIFICATION		CONDITION FOR WHICH OPERA	ATION WAS PERF	ORMED 20a AUT		20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
	SICIAN: spitol or ertificote ed for u	MEDICAL CER	21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examin	TH HOUR AM Manth ner) P.M.	Day Year 19			re o€injury in Part 1 or Part 1	2, item 18)	
	G PHYSICIAI the hospitol r this certifice detoched for te Dept. of He	~	at wark at wark	PLACE OF INJURY ( AT HOME, II OFFICE BUI				City or Town	County	State
	OR ATTENDIN be retained by DIRECTOR: After ge 3 should be led with the Sta		22a. I certify that (1%(the saw the deceased a causes stated above	is haspital) affended t live on <b>Jan -</b> Jan - (Jan - )	he deceased 19 view the bi	59, and that in Kn ady after death	(our) apinian	death occurred on the	date and haur o	(f) (we) last and from the
	OR AT be reto DIRECTO		22b. SIGNATURE	numm	Mil	DEGREE PHYS	DIRECTO	STAFF E 22	Jan. 7,	1969
	Poge 4 moy 10 FUNERAL I director, pog should be fill		22d PHYSICIAN S- NAME (Type) C. S.	CRUMMY, M.D.				11, Bethesda,	Md.	
	Poge To Fun direct			10/69 Ar	lingto	METERY OR CREMATORY  n National		LOCATION (City or Town) Arlington, V	_	(State)
	VR A15 (4) 45M 1/69			Funeral Home		Bange		54969 25 VOLERA	A HOW THE A	la.
	4 2/10	12	847 Wilson Blvd	. Arlington.	virgi	nia	DATE	-	1/	



1 '	Items 18&22a Film 409 MARYLAND STATE DEPARTMENT OF HEALTH 2-3-69 ams Division of Vital records, 301 W. Preston Street, Baltimore, Maryland 21201	224
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3 11
HEALTH DEPT.	1 DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Da (Type ar Print)  Venneth Trans Santalle Death Mated 1 1	
2, and 3 ta PM3. Page	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years lost birthday) Solution of the second of	19 KCR: 1 K
oges 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	70 BIRTHPLACE (Stote or foreign 75 CTIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED 70 COUNTY OF DEATH	M
The Part of	during mest of working life, even if retired.) IND	KIND OF BUSINESS OR USTRY
urs after 18. Give 12 with 12 with	admission) STATE JSb-CQJNTY CO TYPE H YES NO 1120 TYPE TO THE	***
24 hours in Item 1 is Office se land 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle  Trand I Septolle  Toen Fotte	Lost
within 24 Facether's Expending in Expension 172 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b SOCIAL SECURITY NO Duard L. Sentelle Ilyattsvil	le, Md.
0 1 1	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave re to immediate cause (a), stating the underlying cause  (b)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
sh in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	20 AUTOPSÝ?
	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19  21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item PAGE OF DEATH  21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item PM. 19	YES NO 18)  Caunty State
necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to buriol, crem	22a   certify that taak charge of the remains described above, held an Autapsy   Inspection   Inquiry   death resulted fram. Natural causes   Accident   Suicide   Homicide   Undetermined manner    ACTUAL SIGNATURE   ASSISTANT MEDICAL EXAMINER   22b. DATE SIGNATURE   DEPUTY MEDICAL EXAMINER   DEPUTY MEDI	and in my opinia
10 T S T S T S T S T S T S T S T S T S T	REMOVAL (Specify)   Jan 4, 1969   Ft Lincoln Cemetery   Colmar Manor Pro	
VR A15ME (5)	F. Gasch's ons Hyattsville, Md. 250 RECD BY REGISTRAR 25b REGISTRAR S SIGN	



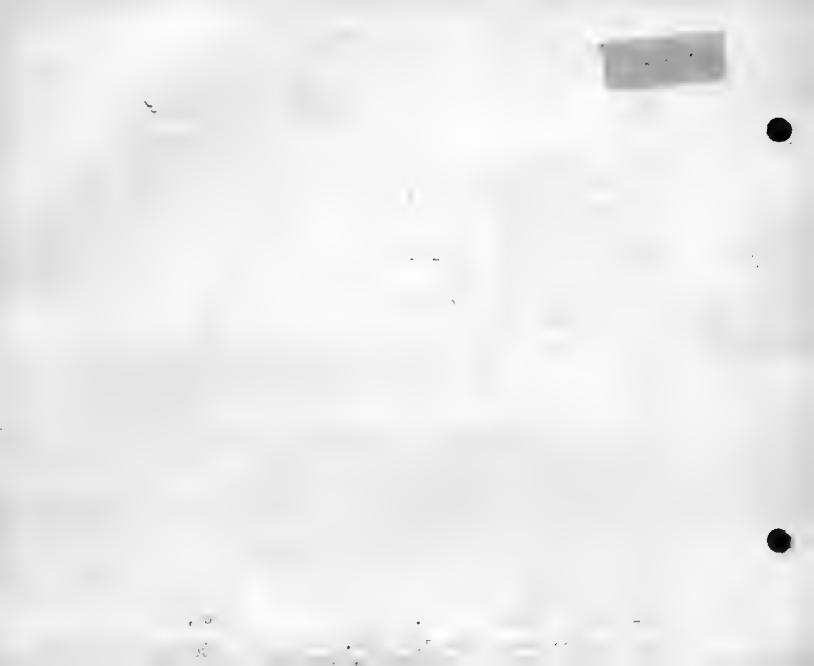
11-	MARYLAND STATE DEPARTMENT OF HEALTH			
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  1233  MEDICAL EXAMINER'S CERTIFICATE OF DEATH			
FOR STATE	MEDICAL LAMBINER & CERTIFICATE OF DERTIF			
HEALTH DEPTA		HOUR		
S C C C C C C C C C C C C C C C C C C C	Matthe E. Saptione Death MATER Jage 23 189 3	分		
a 70 · \=	SEX A RACE S DATE OF BIRTH 6 AGE (In years of United in YEAR F UNITED 21 HRS 20 DATE PRONOUNCED DEAD 20 Hours Mill Months Day Year	HOUR		
5 6.3	an 2 Le juhote Oct, 7, 18 16 92 YRS - 1700 23 1969 3	D'M		
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY) 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH			
of for seasons	THE TITLE OF HOSPITAL OR INSTITUTION (If not in hospital OCCUPATION (Kind of Work done 12b KND of BISINESS	Md.		
fter death. Give Pages long with for ith the State ath.	g ve street address) J duygg mast at work og ife fren fret reg   INDLSTRY	OR		
Give	o LSLAL RESIDENCE (Where deceased I ved if institution the decide before before 13c CIDY OF TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER			
certificate, writing the word "pending" in pencil in Item 18. Give Pages hould be forwarded to the Chief Medical Examiner's Office along with fariles. should be used as a burial-transit permit File pages land? with the State should be used as a burial-transit permit File pages land? with the State ition, or removal, and in any event within 72 haurs after death.	admission) STATE Md. 136 COUNTY DOWN T. CO Truck dille YES NO 15 11/21/ 3 treet	4		
fee ond	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost			
24 Pm fm	Leem Sexton Mary Ellen Sexton			
thin 24 nathin niner's pages haurs	WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give wor or dates of service) 16b SOCIAL SECURITY NO. 17 INFORMANT			
18 CAINS OF DEATH (Enter only one cruse per use for (n) (h) and (c)				
of Fed	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY.	EATH		
dring dring edic wri	IMMEDIATE CAUSE (a) - PREVINCTIVE JUICINETIES 47 Bins			
e ex penc ef M ef M sit p	Canditions if any, which gave)  Took to the formal of the			
Chie	rise to immediate cause (a). (b) TI del Oriente			
KAMINER: This certificate should be executed to the certificate, writing the word "pending" in get should be forwarded to the Chief Medical Eryour files.  Oge 3 should be used as a buriol-transit permit Eremation, or removal, and in any event within	stating the underlying cause (Carolio Vascular Disease: Generalized. Scleresis Years			
the to bu	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)			
ficote ing th rded I os o os o	· · · · · · · · · · · · · · · · · · ·			
worth work work work work work work work work	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY?			
NER: This certicertificate, writhould be forwardes. should be used should be used thion, or removo	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES \( \sum \) NO  21a EXTERNAL CAUSE WAS  21b TIME OF INJURY Month Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	0 1		
fical fical lbe	2.a EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
Certi certi ould es. shou ion,	PRIMARY OF CONTRIBUTING HOUR A.M. Jan 6 19/989 Fell at Home -			
= 9 v + v S	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. Na. City or Town County	State		
EXAM Ute th uge 4 your Poge	AT WORK AT WOR	AND.		
ICAL E. executor. Paged for CTOR: Fundly.	220 I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my ap	oinian		
	death resulted fram. Natural causes , Accident , Svicide , Homicide , Undetermined monner			
TY please e riol director director director director prior to but please director direct	CHIEF MEDICAL EXAMINER			
My, perol be re	ACTUAL SIGNATURE			
EPUTY, passory, principle of funeral and be removed by the principle of th	EXAMINER'S JOHN G. Ball DEPUTY MEDICAL EXAMINER ADDRESS (Street, city town, or county) Both esda. Md.			
TO DEPUTY necessary, the funera 5 may be 10 FUNERA Health pr	100000			
2	BERIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)			
	FUNERAL DIRECTOR  ADDRESS  ADD	11/1/1		
VR A15ME (5)	Popert Africhas Tothesday 1110 DAIE JAN 29 1989 Cliarles Judge			
10M REV 1/68	TOPICAL TOPICAL TOPICAL TOPICAL POLICE DATE DATE OF THE COLOR			

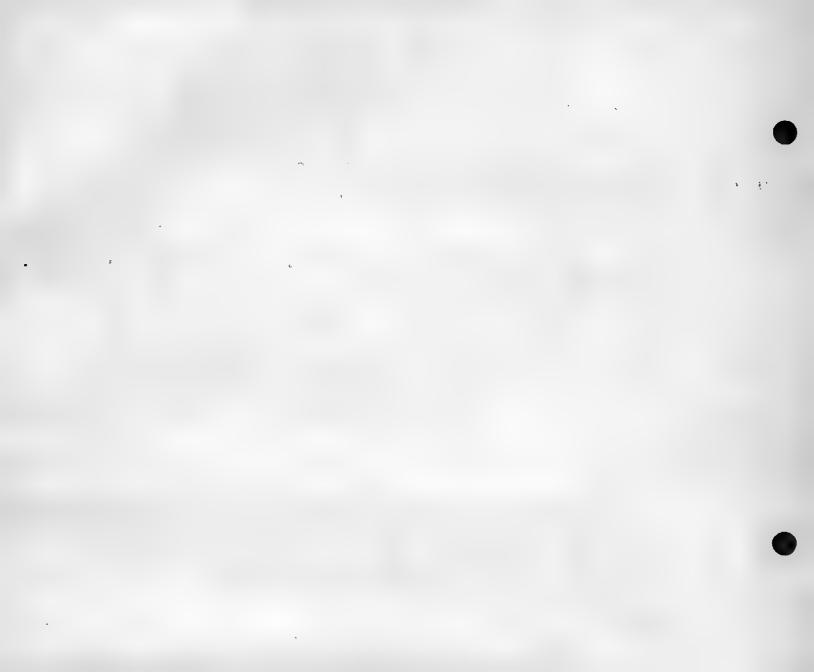


	01230	DIAISION OF ALLYE KEC	CERTIFICATE OF DEATH		74929
d 2 ath.	I DECEASED NAME (Type or print)	First Middle	Last	2a. DATE OF DEATH Month	2b HOUR
recompletely illectin by the funeral amove carbon poeers. Pages 1 and 2 any event, within 8 bours after death.	3 SEX	La page	Shaw	1 -	Day Year 3 - AM
ages rs afte	Female	4 RACE white	S. DATE OF BIRTH 1-15-69	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	7a. BIRTHPLACE (State or fore	eign 7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	Many land 10. CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED	Montgon	ery Md.
,			L OR INSTITUTION (If not in haspital during	UAL OCCUPATION (Kind of work di most of working life, even if retire	ane 126 KIND OF BUSINESS OR INDUSTRY
	130 USUAL RESIDENCE When	give street address)  Hely Cre e deceased lived, if institution: Residence	befare 13c CITY OR TOWN 13d. INSIDE CIT		<u> </u>
	admission) STATE	d. 136 COUNTY MONT			mpshireWest C+
	14. FATHER'S NAME FIRST	. /	Lost IS MOTHER'S MAIDEN NAME		
	160. WAS DECEASED EVER IN	U.S. ARMED FORCES? (16b. SOCIAL SE		leanor Julio	
	Yes, na, ar unknawn) (	If yes give war or dates of service)			
	18. CAUSE OF DEATH ( PART I, DEATH WA	(Enter only one cause per line for (a), (b),		. (1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PAKI I, DEAIN WA	IMMEDIATE CAUSE (a)	Tremsterry	11629	
	Canditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF	Ť	
	rise to immediate cou stating the underlying	se (a), (b) DUE TO, OR AS A CONSEQUE	NCE OF		
	last,	(c)			
	PART 2. OTHER SIGNIFIC	CANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE O	RECONDITION GIVEN IN PART 1(a)	
	190. DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION	WAS PERFORMED 20a. AUTOPSY?		IGS CONSIDERED IN CERTIFYING
ş	RIFFIC		YES NO I	_ 1	
	190. DATE OF OPERATION  210. ACCIDENT WAS UN  OR CONTRIBUTING CALL  (If either, nathly medica	ISE DE DEATH HOUR AM Month Day	Year 21c. HOW INJURY OCCURRED (En	ter nature of injury in Part 1 or Par	t 2, Item 1B.)
	(If either, natify medica 21d INJURY OCCURRED	P.M.	TREET, FACTORY.) 21f LOCATION Street or R.F.D. I	No. City ar Tawn	Caunty State
	While Not while at wark	OFFICE BUILDING,	ETC.	on with	caviti Sigit
	22o. I certify that	(I) (this hospital) attended the d	eceosed from, 19	, to,	19, that (1) (we) last
	sow the dece	ased olive an	eceosed from, 19 19, and that in (my) (our) a w the body ofter death.	pinion death occurred on the	e date and haur and from the
	226 SIGNATURE	- 1	1		22c DATE SIGNED
	22d. PHYSICIAN'S	is a Cuman	MI PREE PHYS 22e. ADDRESS	MED STAFF DIRECTOR PHYS DI	1/17/69
1		rancis A. Ostmann	, Jr. 800 Pers	hing Drive, Si	lver Spring, Md.
4	230 BURIAL, CREMATION,	23b DATE 23c NA	ME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
1	BREMOVAL (Specify)  24. FUNERAL DIRECTOR	1/22/69 Gat	e of Heaven Cemeter		
1	Tyson Wheel		ppess Pike 250. RECD	JANGISPAN 1869 REGIST	MARY SIGNATURE JOSEPH CO.
1	-,0011 "11661	02	DAIL DAIL		



	MARYLAND STATE DEPARTMENT OF HEALTH
-4	3123 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0/233
1	CERTIFICATE OF DEATH
. i. 2	1 DECEASED NAME / First Middle / Last 2a. DATE OF DEATH 2b. HOUR
eat	(Type or print).
r d	
urs after death y the funeral Pages 1 and urs after death	lest birth Months DAYS HOURS MAN
by the Page ours	
4 hours after death.  In by the funeral ers. Pages 1 and 2	(MARKED NEVER MARKED)
pecuted within 24 hours after death completely fuled in by the funeral nove carbon papers. Pages 1 and y event within 72 hours after death	Middle WIDOWED DIVORCED MIDOWED MIDOWE
ecuted within 24 completely fuled ave corban paper y event within 72	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during myest of working the even if retired)  120 USUA, OCCUPATION (Kind of work done give street address)  120 KIND OF BUSINESS OR during myest of working the even if retired)  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during myest of working the even if retired)
with See with	Detilo le la delle Paris House Willo. Mistate.
ompleti ompleti event	13a LSUAL RESIDENCE (Where deceased lived, if institution Residence before 13t CITY OR TOWN 13d MISIDE CTY LAW 157 13e STREET AND NUMBER Odmission) STATE 13b COUNTY
and compression only evi	odmission) STATE my 136 COUNTY mon from y Kansing for YES XX NO 1 5316-13 anger Irive
o we de le	14 FATHER'S NAME First Middle Lossy IS MOTHER'S MAIDEN NAME First Middle Lossy
9 9 juli	fernando shewle I/12 z beth Convert
afe be ican on lease re ond in	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOC AL SECURITY NO. 17 INFORMANT Address Address
	Yes, no ar unknown) (1 yes give war or go es ad service) 273-34-9766 Lette Con lone Jaughtes The land
Ger The P	18 CAUSE OF DEATH (Enter only one cause per line ton(9) (b), and (c) / -//
off off	PART I DEATH WAS CAUSED BY
dee n, o	Due to Or as a consequence of
the of the	Conditions, if any, which gave )
.det y ± y ± emc	rise to immediate couse (a),
s # ciar ciar d b -tro , cr	stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF
uire nysi gne rriol	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
<b>DIE ATTERDING PRYSICULE</b> The law requires that the death certifing be retained by the hospital or attending physician. <b>DIRECTOR:</b> After this certificate has been signed by the attending phy:  9 3 should be detached for use as the burial-transit permit. Then be with the State Dept. of Health prior to burial, cremation, or removal	Care The State of Committee of the Commi
The law re attending has been se os the th prior to	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
s ten X	TWO DATE OF OPERATION TO CONDITION FOR WHICH OPERATION WAS PERFORMED AND AUTOFST?
DING FRYSICKI™ The law reby the hospital or attending 4fter this certificate has been be detached far use as the State Dept. of Health prior to	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part L or Part 2, Item 18.1)
al o al o Hectar	The state of the control of the cont
Serification of our series of the series of	(If either, natify medical examiner) P.M.
G FRYSICENT the hospital or this certificate detached far u	21d. INJURY OCCURRED While Nat while 12 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street at R.F.D. Na. City or Town County State
e de it in d	at wark 🗀 at wark 🚭
ATTE DING etained by the CTOR: After I should be dith the State	22a. I certify that (I) (this haspital) ottended the deceased from 1962, to 7-6, 1968, that (I) (we) as
Ellicad Indeed The	sow the deceased alive on
# 15 to 15 t	226. SIGNATURE 1 224. DATE-SIGNED
DIREC Se 3 se de W	DEGREE PHYS DIRECTOR
y be see a s	22d. PHYSICIAN'S 22e ADDRESS.
MAN Per	NAME (Type) 1. ( . (3) CC SEGUENS WILL NO GOLFULGE WE
FIG HOSFITAL DE ATTENDING FRYSICAME The law or Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to	23a BURIA_ CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d .OCATION (C ty or Town) (County) (State)
age of series	Bur-Transit 1/9/69 Mt. Hill Eaton, Ohio
1 2	24 FLNERAL DIRECTORADDRESS D 2SO. REC D BY REGISTRAR'S SIGNATURE
VR A15 (4) 45M - 1/69	Tyson Wheeler Funeral Home 1331 Rock. Pike 250 REC BY REGISTRAR'S SIGNATURE 1331 Rock. Pike DALAN 8 1969
4784 - 1789	Rockville, Maryland





1	I.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	21	19/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOKE, MARYLAND 21201
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Year 2b HOL
2 3-41/2	(	Type or Print) William S Simmons DEATH MATED 1 31 19 69//
300	3 5	EX 4. RACE 5 DATE OF BIRTH 6. AGE (In years 1.F JHDER + YEAR 1.F LHDER 24 MRS 2c. DATE PROHOUNCED DEAD 2d HO
	Ţν	Tale Cauc 6/17/45 23 YRS MONTHS BAYS HOURS MIN. Month 2 Doy 1 Year 1969/2
E TE	7a.	BIRTHPLACE (Stote or foreign   75 CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH
farr farr farr	<u> </u>	"S MILINE LOSA MINOMEN MORE MINOMENY
8 Give Pages along with far with the State	Si	ITY OR TOWN OF DEATH    1 NAME OF HOSPITAL OR INSTITUTION (If not in hospito   120 USUAL OCCUPATION (Kind of work done   12b KIND OF BUSINESS OR   during most of working life, even if ret red)   INDUSTRY   Holy Cross Hospital
and the state of	130	USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c CHY OR TOWN 13c INSIDE CTY JIM 15? 13e STREET AND NUMBER draission) STATE 13b COUNTY Month Sill Sing YES NO 10109 Portland P1
		Md.   Mont. (Sil.Spg. My U) 10109 Portland Pl.
thours Item 18 Office 1 and 2 v	14, 1	6001
niner's miner's mages	160	Roy Stewart Simmons Martha Poarl Phillip WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO 17 INFORMANT mother ADDRESS
within pencil xaminei ïle ¶age 72 hou		es, no, or unknown) (It yes give well ar dates at service)
J with per Exam File	H	LIN CHOST OF CREATIVE AND APPROXIMATE INTERVAL
shauld be executed wit ie word "pending" in pe o the Chief Medical Exar burial-transit permit. File I in any event within 72		PART I DEATH WAS CAUSED BY  IMMODIATE (AUSE (o) All Tube Severe lutturies  MMODIATE (AUSE (o) All Tube Severe lutturies
e execute pending" ef Medical isit permit		DUE TO, OR AS A CONSEQUENCE OF
"pe "pe hief		Conditions, if any, which gove (b) Issurved in auto accident,
ould ford se Cl al-tro		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
sho le w o th buri		last. (c)
This certificate shauld be executed within 24 hours isate, writing the word "pending" in pencil in Item 1 be farwarded to the Chief Medical Examiner's Office d be used as a burial-transit permit. File mages 1 and 2 ar remaval, and in any event within 72 hours after of		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
certif arwariti arwari used maval	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY?
This critation is the far far dar far far far far far far far far far f	TIFIC	WAS PERFORMED? YES □ NO D
<b>進</b> 元		216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBLTING 216 TIME OF INJURY Month, Doy, Year 21c HOW, INJURY OCCURRED (For nothing of injury in Part of them, 18 June 19
NER: e certif should files 3 shauld atian,	MEDICAL	CAUSE OFFICE II 396 M) I 1901 Car which struck tree
= = <	E	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f COCATION Street or R F D No City or Town County State
		AT WORK I AT WORK IN STREET MORE IN STREET MAN AT WORK I
Se de la		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection 🔀 Inquiry 💢 ond in my opin o
please edurector		death resulted from? Natural causes , Accident , Suicide , Homicide , Undefermined manner
<u> </u>		ACTUAL CHIEF MEDICAL EXAMINER 226 DATE SIGNED
		SIGNATURE AND A STORY AND A ST
necessary, p the funeral of smay be re to FUNERAL Health pring		NAME (Type) BELDEN K, KEAD, M.D. ADDREST STREET COUNTY) JOHN JOHN 169
To the	230	BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote)
		Butial Jeb 3, 1919 Parklawn Rockville, Montgomery Md.
VR A15ME (5)		FINERAL DIRECTOR Paul In Smith Gabrers 1250 RECOSTRAR 250. REGISTRAR S GNATURE CONTROL OF THE STATE OF THE ST
10M REV 1/68 16-32		ather C. Pumphrey Inc. 0434 96. Her Spring Model FED 5 1969 yearing Judge

	MARYLAND STATE DEPARTMENT OF HEALTH	
• 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYL	AND 21201 51236
	12 ) CERTIFICATE OF DEATH	21600
# 42# # 25#	SED-NAME First Middle Last 20, PATE OF DEA	
er death. funeral 1 and 2 er death.	Catherine A. Semon Jan	Month Day Year 9 8/15 N
ofter of fer agfter agfter	4. RACE S DATE OF BIRTH 6.	AGE ( n years IF UNDER 1 YEAR F JNDER 24 HRS ust buthday) Manyths DAYS HOURS MIN
D S E S S	F WILL X-23-37	yrs   Manths Days Hours Min
	APLASE (Stote or foreign 7b. CTIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEA	TH .
五 多霉龙	Back U-SA. WIDOWED DIVORCED MINIE	To de more Ann. Me
be executed within 24 hours after death and campletely filled in by the funeral eremave carban papers. Eagles 1 and 2 in any event, within 72 hours after death	OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital live of the property	af wark dane 126 KIND OF BUSINESS OR
ban Selection	elhedas leherban	even if retired ) / INDUSTRY
ent turi	AL RESIDENCE (Where deceosed yed, if institution; Residence before 13c QTY OR TOWN 136 INS DE CTY .MITS? 13e STREET	AND NUMBER
cam ave	angland Than Gockerelle 10 1/20	08 Milperwell
an an an	ER'S MANTE First Middle East 15 MOTHERS MAIDEN NAME First	Middle Lost
Se din	Teter Simon Barbara n	7. Slern
ifficate wysicion of and of	S DECEASED EVER IN . S ARMED FORCES?  a, or unknown (f yes give war or dates of service)	Addipss James
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Mrs. Darbon M	Alern adore.
e in the second	CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE NTERVAL BETWEEN DASET AND DEATH
ent end nit.	IMMEDIATE CAUSE (a) Acute cerebral edena	43 hrs.
ath perr ian,	DUE TO, OR AS A CONSEQUENCE OF	
the the sit mat	ditions, if ony, which gove to immediate cause (a). (b) Encephalitis	
tron cren	ing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	4. 7
ysici ned ial-	(a) Varicella viremia	4 1445
requires that the death g physician. n signed by the attendir s burial-transit permit. a burial, crematian, or re	RT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1(a)
ding een r ta		
ten item stem stem stem stem stem stem stem s	4 CHIEFE OF	WERE FINDINGS CONSIDERED IN CERTIFYING
The paragraph of the pa	TES NO	
d al a	DR CONTRIBUTING THEATH HOUR A.M. Month Day Year	Part 1 or Part 2, Item 18.)
SIC spilt errit	ither, notify medical examiner) P.M. 19  LINURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACIORY, ) 21f EDICATION Street or R.F.D. No. (1ty or T.)	
bing PHYSICIAN: The law requires that the death certificate be executed within 2 by the haspital ar attending physician.  After this certificate has been signed by the attending obysician and campletely filled be detached far use as the burial-transit permit. Their prease remove carban parts State Dept. of Health prior to burial, cremation, or remayal, and in any event, within	I INJURY OCCURRED   21e PLACE OF INJURY (AT HOME FARM, STREET, FACIDRY.) 21f, EOCATION Street or R.F.D. No. City or For or Work   21e PLACE OF INJURY (OFFICE BUILDING, ETC.)	awn (aunty State
the de		
A Paraga	saw the deceased glive an	red on the date and hour and from the
OR: in each of the state of the	couses stoted above, (I) (we) (did) (did nat) view the bady after death	ned on the dole one hour one hour the
A S D S S	SIGNATURE ATTENDING MED. STA	22c. DATE SIGNED
DE SO	PHECENIAL STORY OF DEGREE PHYS LAS DIRECTOR IN PH	YS 1/3/69
May Nay	PHYSICIANS NAME (Type) / ENRY / STOLET	SILVER SPRING DO
NER 4 P	TIDO Y W STOUT WALL BELIEVED AUF	777770
FOR HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the should be fulled with the State Dept. of Health prior ta	ALL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY Bealls  1/6/1969 Monocacy Cemetery Bealls	ity or Town) (Caunty) (State)  Wille Md.
2 2	17	
VR A15 (4)	on Wheeler Funeral Home Rockville, Md. DATE AN 7 1969	A Comment of the Comm
/ M	DATE DATE	

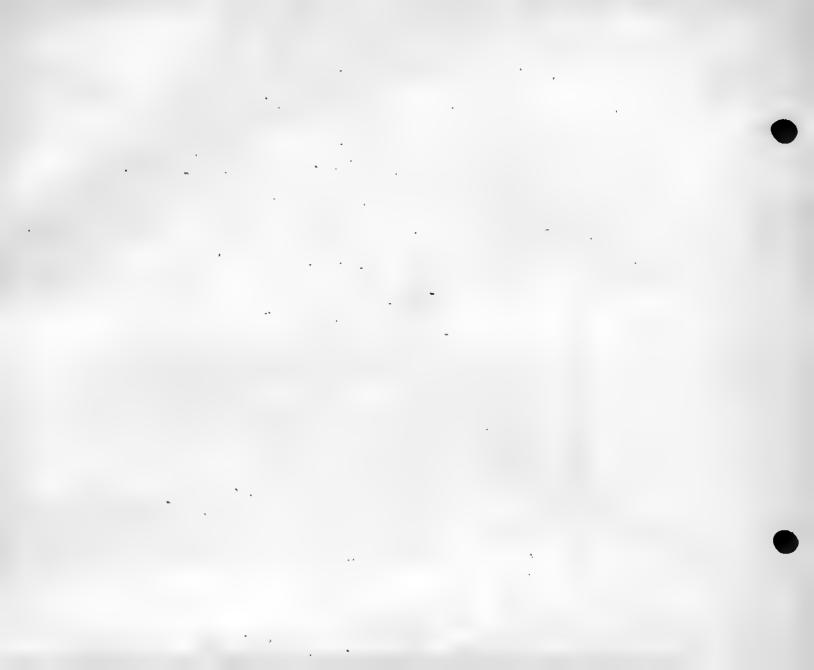




1 1	21242 DIVISION	MAKYLAND STATE N OF VITAL RECORDS, 301 W. P	DEPAKIMENT OF HEALTH RESTON STREET, BALTIMORE, A	ARYLAND 21201	000
7 1		phone gall fCERTIFIC		\	1238
± −2±	1. DECEASED-NAME First	Middle		OF DEATH	2b. HOUR
funeral funeral and 2 fer death.	Daniel For	tt Smith		Month Day 3	Yegr M
# 12/2 m	3 SEX		S. DATE OF BIRTH	6. AGE (In years IF UND MONTHS 7 O YRS.	ER I YEAR HE UNDER 24 HRS. 3 DAYS HOURS MIN.
by the f		egro	3/20/1892		
hau b	70 BIRTHPLACE (Stote or foreign Country) N.C. USA		NEVER MARRIED 9. COUNTY		
24 apel apel n 72	10. CITY OR TOWN OF DEATH	WIDOWED  11 NAME OF HOSPITAL OR INSTITUTION (15 n		Montgomery ON (Kind of work done 12b	Md. KIND OF BUSINESS OR
within ely fill bon p	Wheaton	give street oddress) University Nurs. H	lome during most of work	ing life, even if retired ) IND	DUSTRY
equires that the death certificate be executed within 24 hours after death mysician. Signed by the attending physician and campletely filled in by the funeral burial-transt permit. Then please remave carbon papers. Pages and Shurial, crematian, or remaval, and in any event, within 72 haurs then death	13a USUAL RESIDENCE (Where deceased hyed, if in odmission). STATE Washington, DC V3b COU	institution Residence before 13c, CITY OR JNTY		STREET AND NUMBER 133	
on and co		ddle Last I	MOTHER'S MAIDEN NAME First	Middle	Last
	Archie Smith		? Laura A. J	ohnson	
and and a	16g WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	
ohys	Yes, no, or unknown) (If yes one was as dotes of sen		artha Smith -1335	Shepherd St.,	NE-Wife
ing I	<ol> <li>CAUSE OF DEATH (Enter only one couse PART ). DEATH WAS CAUSED BY:</li> </ol>		A	7 6	BETWEEN ONSET AND DEATH
leat end mit.	, IMMEDIATE CAUSE (a)	-tillet	so, where are	duel	
he of the contribution	1	D, OR AS A CONSEQUENCE OF 🐭			
at the national state of the national state	Conditions, if any, which gave the rise to immediate cause (a)		a.teral,		
s th cian d by cre	stating the underlying couse DUE TO	O, OR AS A CONSEQUENCE OF	1 tay		
uire hysi gne urial	PART 2. OTHER SIGNIFICANT CONDITIONS CON		O THE TERMINAL DISEASE OR CONDITION O	IVEN IN PART 1(a)	
req ng m in si					
law Indir bee is th	190. DATE OF OPERATION 196. CONDITION FO	OR WHICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS CONSIDE	RED IN CERTIFYING
The has			YES NO CA	ISES OF DEATH?	
I or ate			OW INJURY OCCURRED (Enter nature of	injury in Part 1 or Part 2, Hem 13	3)
pridition of the	हैं (If either, notify medical examiner)	P.M. 19			
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the haspital ar attending Ehysician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physici directar, page 3 shauld be detached far use as the burial-transit permit. Then pleashauld be filled with the State Dept. of Health priar ta burial, crematian, or remayal, a	While Not while	OFFICE BUILDING, ETC.		City or Town Cou	,
ATTENDING etained by th CTOR: Affer the should be de with the State	22a. I certify that (I) (this haspital saw the deceased alive an causes stated abave, (I) (we)	l) attended the deceased fram	- 3 . Car , 19 , ta	1-13-, 1919	, that (I) (we) last
END ned Nr. A bld the	saw the deceased alive an	(did) (did nat) view the bady after	a that in (my) (our) apinian dea death.	in accurred an the date an	d haur and from the
ATT CTO Short ith	22b SIGNATURE	(a.a.) (a.a.) tion in acc) and		22c DATE S	GNED
OR De re 3 ed w	1 Charact	ice a (1) DEGI	REE PHYS DIRECTOR J	STAFF D / /3	- 69
TAL nay AL E page	22d. PHYSICIAN'S NAME (Type) Dr. T. Car		22e. ADDRESS	- L-1 - A A A A	March DD
SPITA 4 THE NEW TOTAL	D1. 1. Ca.			shire Ave., NE,	wash., DC
TO HOSPITAL Page 4 may TO FUNERAL director, page should be fil	230. BURIAL, CREMATION, 23b DATE REMOVAL (Specify)	23c NAME OF CEMETERY OR		, , , , , , , , , , , , , , , , , , , ,	inty) (State)
5 5 5 E E	V-1-20 n n 1 7 7 7 6	9 Forest Hill ADDRESS	Cemetery C1  25d. REC'D 8Y REGISTRA	inton Maryland	TILDE
VR A13 A13	24 FUNERAL DIRECTOR Shines Con 3015 12th Street	mpany Funeral Home		969 Schooles	Judge.



- /7	I tems 12, 13 & 15 military of VITAL PECOPOS 301 W PRESTON STREET BALTIMORE MARYLAND 21201	
K + +	To for 160 3-1-	01230
	CERTIFICATE OF DEATH	7 7 70 0 0
at a particular shares	1 DECEASED-NAME First Middle lost 20. DATE OF DEATH  (Type or print) Month , Day ,	Yeor / C C
ir deol	MARTIN LUTHER SMITH	3 67 12:40 AM
£ 72 £	(set higher) Man	UNDER YEAR IF UNDER 24 HRS HOURS MIN
by the Pagin	111ALS   While   11) ARCh 18   1881   YRS	
hot hot sirs.	COURTY)	
24 led led n 72	THE PARTY OF THE CONTROL OF THE CONT	Md. 12b KIND OF BUSINESS OR
· · · · · · · · · · · · · · · · · · ·	give street oddress) distribution of control of	INDUSTRY
orbody //	136 JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE ON TWEET AND NUMBER	
completely filled over carbon pape y event, within 77	admission) STATE md. 13b. COUNTY mintgomery TAKOMA PARK YES X NO 313 4TH Abe.	
be executed within 24 hours after deoth and completely filled in by the forecone remove carbon papers. Pages, if and 2 in any event, within 72 hours after deoth	14 FATHERS NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
be experience in an	Rusus Smith clemmatine Ofennie Kallam	KES MAYKA
1000	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
physician.  signed by the attending physician and completely filled in by the burial transit permit. Then please remove carbon papers. Paburial, cremation, or removal, and in any event, within 72 hours	Yes, go, grunknown) (Il yes give wat or dates of service) 243-34-4322 Patients Chart	
The The	18. CAUSE OF DEATH (Enter only one couse per line for (a), 10 and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath indii or re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MILLIAN MILA	
atte atte perr	DUE TO, OR AS A CONSEQUENCE OF	
the the mat	conditions, If ony, which gave is to immediate cause (a), (b)	
tror tror	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
quires the physicion. signed by ourial tro ourial, cre	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
o bu		
OR ATTENDING PHYSICIAN: The law requires that the death certificat be retained by the hospital or ottending physicion.  NRECTOR: After this certificate has been signed by the attending physicial et 3 should be detached for use as the burial transit permit. Then plead with the State Dept. of Health prior to burial, cremation, or removal, and	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
X hos	= 12/3/ ( G of A PLYTOTE YES NO CAUSES OF DEATH?	
N: T or or ate r us eoft	21a. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   121c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	18.)
CIA pital difficial of H	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  (If either, notify medical examiner) P.M. 19  21d INITIAL OCCUPANTS 121e PLACE OF INITIAL HOME FARM STREET FACTORY, 214 LOCATION Street or R.E.D. No. City of Jayrou	
ing PHYSICIAN: by the hospital or flet this certificate be detached for u Stote Dept. of Heol		aunty State
the this detector	at work at work	<i>_</i>
by the Affer the be deedee Stote	220. I certify that (1) (this hospital) ottended the deceased from 1960, to	Z, that (I) (we) last
R: A	saw the deceased glive on1962/, and that in (my) (aur) apinion death accurred on the date causes stated above, (1) (we) (did) (did not) view the body after death.	ond hour ond from the
ATT ATT	22b, SIGNATURE	E SIGNED
OR DE L	Defector   Staff   Director   STAFF	
TAI DAY BE E	22d. PHYSICIAN S NAME (Type)	
TO HOSPITAL OR ATTENDING Poge 4 may be retoined by t TO FUNERAL DIRECTOR: After director, poge 3 should be o should be filed with the Stote		
HOU Sign	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	County) (Grate) North Crest.
5 5 b	24 FUNERAL ORRECTOR // COLOR COMPANY STATES SIGNAL AND REGISTRAR SIGNAL	
VR A15 (4) 30M REV, 1/68	Millian Mothers clashing the 200/2 John 1-6 1969 Granis	Undak
	LECTIVE HALL TO CONTROL TO TO TENTE TO TOO IT	0 0-



. پېر ۳			MARYLA	ND STATE D	EPARTMENT OF HEAL	.TH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01240						
		01244		CERTIFICA	TE OF DEATH		10 12 10 12 W
2 . 82	1 D	ECEASED-NAME	First Middle	- //		DATE OF DEATH	2b. HOUR
24 hours ofter death.  10 in by the funeral of the Pages 1 and 2 for a pages 1 and 2 for a forth.		ype or pant) Sudi		X	1//	Month	Day Year Maro.
de de	3 S		4 RACE	extm:	DATE OF BIRTH	anuary	20 69 /33/ M
ffer es offe	2 3	λ	4. KACE	1		6.VAGE (In years last bythday)	MONTHS DAYS HOURS M'N
S 44 60 8	<u> </u>		While		7,50		RS.
	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED 🔀	NEVER MARRIED 9. CO	UNTY OF DEATH	
7.50	2	Paryland	USH	WIDOWED _	DIVORCED	Montgom	ery Md.
/ W 80 E	10/	ITY OR TOWN OF DEATH	IT NAME OF HOSPITAL OR	INSTITUTION (If not	in hospital 12a USUAL OC	CUPAT ON (Kind of work do	ne 126 KIND OF BUSINESS OR
wirthin a	1	Bethesda	give street oddress)	uban	during mest of	watking life, every fretile	d) INDUSTRY
	130	USUAL RESIDENCE (Where de	eceased lived, if institution. Residence before	B 13c CITY OR TO	OWN 138 INSIDE C W LONGTS?	13e STREET AND NUMBER	11
ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within stained by the hospital or ottending physician.  CTOR: After this certificate has been signed by the attending physician and completed full should be detached for use as the burial-transit permit. Then please remove cabon as the the State Dept. of Health prior to burial, cremotion, or removal, and in any event.	adm	ission) STATE	C V36 COUNTY 19 C	Washe	noten YES NO [	3560 Bran	desirine SFAU
A CO	14.	FATHER'S NAME) First	Middle / Last		NOTHER'S MAIDEN NAME First	Middle	Lost
and and rem		11,00	1 Ellanit	- 1. 1	20 -thing	Je Je	1,01
ion ion ase	160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 1866, SOCIAL SECURIT	YNO 117 INF	ORMANT,	Address	eigi.
e death certificate by attending physicion permit. Then please on, or removal, ond ii			give war or dates of service) 2: 77-211	1750 81-	Tole of El	12110 - 53	
ph covo	-	1//0	JIT SH	1100 80	General K. 14.	D S	APPROXIMATE INTERVA.
e H	ı	18. CAUSE OF DEATH (Entitle PART DEATH WAS C	er anly one cause per line for (a), (b), and	(c).)	1. /a ha	Att m	BETWEEN ONSOF AND DEATH
end mrt.	ı	1 / January	AUSED BY MEDIATE CAUSE (a)	w	mean	2 con	4 acceys
ath on,	L	4334	DUE TO, OR AS A CONSEQUENCE I	)F	V		/
the sit to		Canditions, if any, which g rise to immediate cause	(b)				
tha by ren		stating the underlying ca	19/1 - DIE TO ON AC & COMMENCE	)F			
The faw requires that to ottending physician. has been signed by the se os the burial-transit h prior to burial, cremo?		last	(c)				
ign yeri		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE OR CONDIT	FON GIVEN IN PART 1(a)	
and and the state of the state	]_						
ndiiv bec	B	19a. DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS	PERFORMED	20o AUTOPSY?	206 IF YES, WERE FINDING	GS CONSIDERED IN CERTIFYING
X hpr	CERTIFICATION				YES NO	CAUSES OF DEATH?	
or or use the booth	8	21e ACCIDENT WAS UNDER	RLYING 216 TIME OF INJURY	21c. HOW	INJURY OCCURRED (Enter natu	re of injury in Part 1 or Part	2. Item 18.)
Figure 14	ਤ	OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M. Manth Day Ye	or	, , , , , , , , , , , , , , , , , , ,		.,,
Spi	MEDICAL	(If either, natify medical et 21d INJURY OCCURRED	xaminer) P.M.  21e. PLACE OF INJURY / AT HOME, FARM, STREET,	FACTORY 3 214 LOCA	TION Street or R.F.D. Na	City or Town	County State
PHY s ho tock		While Mat while M	OFFICE BUILDING, ETC	211. 600	CHOM SHEET OF KILD ING	City or towns	County
5 ± ± 8 =		at work at work		15	000	to 20 San	19 67 that (1) (wa) last
Sto Sto	L	saw the decease	(this hospital) attended the dece	ised from the	bat in (mul (austratinian		19, that (I) <del>(we)</del> _last e date and havr and fram the
R: A	П	causes stated at	pave, (1) (we) (did) (did not) view it	e bady after de	ath.	dealli accunea oli ille	date and had said han the
A S S S S S S S S S S S S S S S S S S S	П	225 SIGNAPURE	001	10:1	` .		22c DATE SIGNED
33 8 E E	_	BURITA	. Nendel rou	DEGREE	ATTENDING MED DIRECTO	OR STAFF	1120/09
VE C		228. PHYSICIANS	11-		22e. ADDRESS	*	
KA B A A	1	NAME (Type) (0)	BERT A. MENDELSO	HN	1015 Spr1	na SY. S.	S. Guld.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed y Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove cach should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event,	23-			OF CEMETERY OR CR		LOCATION (City or Town)	(Caunty) (State)
Sagra Fig.	230	REMOVAL (Specify)			W Cong Cem	WASH. D.	(caomy) (mag)
5 5	24	FUNERAL DIRECTOR	ADDRI		25a REC'D BY REC	STRAR 256 REGISTR	ASSESSATIFICAÇÃO
VR A15 (4)		DANT ANSWELL S		VW WAS	HDC 3 AN 9	4 1969	





, 1	It 2-	oms 18-22a Film 409 MARYLAND STATE DEPARTMENT OF HEALTH 7-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	<b>4070</b>
FOR STATE		€ 124, MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1242
HEALTH DEPT.		ECEASED-NAME First Middle Last 2a DATE KNOWN Month D	ay Year 25 HOUR
3 to 3 to of	{	Type or Print) Thelma Spine/10 DEATH MATED - 1-13	5 69 23
a very series	3 5	Host britisher) MONTHS DAYS HOURS MIN Month (	2d HOUR
	L	P W 9-30-21 477RS	Year 19 69 27 PM
57.5		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED OLVORGED DIVORCED DIVORCED DIVORCED DIVORCED	
ges for		Hew delises and mounts minker   Market	2/CL/ Me
124 hours after deoth in Item 18. Give Poges I er's Office olong with formages I and 2 with the State Durs offer death	3	SILVER SPRING GIVE TOTAL CROSS   during most of working life, even if retired) IN	IDUSTRY
s after 18. Gin olong with	130	USUAL RESIDENCE (Where deceased to d. if institution Residence before 13c CITY OR TOWN 13d INS.DE CITY LIMITS? 13e STREET AND NUMBER demission) STATENEW Jersey COUNTY Kearny YES NO 674 Forest St.	
hours Item 1 Office Office	14	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 h		Frank Appleman Elizabeth	
hin 24 Mil in miler's poges hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? LIAB SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
	L'	Yes no or unknown) (If yes give wor or dores of service) Gerald Spinello Same as # 13	
1 1 1		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY:  Moderation of the control of the contro	APPROXIMATE INTÉRVAL BETWEEN ONSET AND DEATH
be execut pending hief Medic onsit permi		IMMEDIATE CAUSE (0) PRESSIVE DULIMONALLY EMBOLISM	
e ex peni ef M ef M		O / O DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave	
Id 5 rd " Chii Tron		tise to immediate couse (a).  stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	
should be executed to word "pending" to the Chief Medial. builol-tronsit permit.		last. (c)	
ertificate should writing the word rworded to the Ch sed os a buriol-tra tavol, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
iffice iting orde ol, o	N N		
This certificate should be executed within cate, writing the word "pending in pending be forworded to the Chief Medical Family be used as a buriol-transit permit. File pagar removal, and in any event within 72 had	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This cate be for the performance of the performance	ERTIE	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of Injury, in Port 1 or Port 2, Item	YES NO
- 백국 음악	3	210 EXTERNAL CAUSE WAS PRIMARY TOR CONTRIBUTING HOUR AMX  CAUSE OF DEATH  210 TIME OF INJURY Month, Doy, Year Deceased Was a passen er in dece	auto when froad
bical Examiner: se execute the cert actor. Poge 4 should ned for your files. RECTOR: Poge 3 shou	MED	21d MJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, while more factory, office building etc.)  21f toCATION Street or R.F.D. Na (ity or Town)	County State
L EXAM ecute th Poge 4 Poge 4 R: Page iol, crem		AT WORK AT WORK X	
AL Porter for for for for for for for for for fo		220. I certify that I took charge of the remoins described above, held on Autopsy I, Inspect on I, Inquiry	and in my apintar
se estol		death resulted fram: Natural couses , Accident , Suicide , Hamicide , Undetermined mariner	٦
rry, pleose everal director.  Be retoined Prior to bur		ACTUAL CHIEF MEDICAL EXAMINER 22b DATE SIL	GNED
UTY Pry, be Pry		SIGNATURE AND RED CAL EXAMINED	1=10/0
o DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your of Funeral DIRECTOR: Page Hearth prior to buriol, crem		NAME (Type) BELOEN K. KEAPM.D. Topos (Freet Town, or county)	2,1767
5 To B	230	BURIAL CREMATION 230 DATE 230 NAME OF EMETERY OR CREMATORY 23d OCATION (City of Town) (C	(ounty) (Stat ·)
		REMOVAL (Specify)  Burial 1-18-69 Holy Cross Arlington	N. J.
VR A15ME (5)	24.	FUNERA DIRECTOR  ADDRESS  ADDRESS  250. REC'D BY REGISTRAR S SIC AND AN 2 0 1969	NATURE COR.
10M REV 1/68		Monace felteline 3 collies, thing let. S.J. Sp. MA DATA & 0 1000 11	II I spary

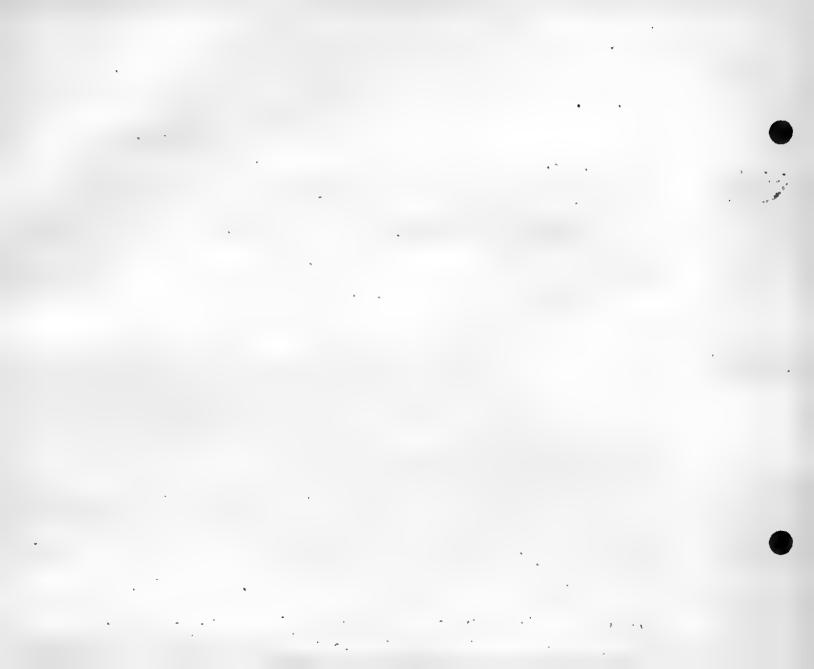


1		2124, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1 pm		CERTIFICATE OF DEATH	
로 <u>- 2</u> 로		CEASED-NAME = Frest = Middle Lost 20. DATE OF DEATH 2b HOU	-
by the Tuneral	{1	YPE OF PRINT) ESTACY TANK DOY YEAR TO	桶
	3. S		
de t		TACE 122/10085	М
y d y	7o i	SIRTHPLACE (Store or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
7 5 36		AMELIA WA, USA WIDOWED DIVORCED MONIECON FRU	Md.
within	10.0	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120 USUAL OCCUPATION (Kind of work done   12b Kind OF BUSINESS OR	
	W	HEATON give street address) 174 NVPSING HOME MOVER OF PLOMBING BE	2
ecuted wit	13e odmi	USUAL RES DENCE (Where deceosed lived, f institution: Residence before 13c CITY OR TOWN 13d INSIDE CTY LIMITS? 13e. STREET AND NUMBER	-,
ecut cam ave y ev		VIII TOWN TO THE CONTROL OF THE	4
e execut and cam remave in any ev	14 F	AFHER S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost	
s be	L	Cephas Neale Stacy Emma Cora Edmards Ma	
e law requires that the death certificate be executed with trending physician.  Is been signed by the attending physician and campleted as the burial-transit permit. Then please remaye carban priar ta burial, crematian, or remayal, and in any event, with		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 270 INFORMANT (11 yes give wor or dates of service) 229-60-0099 Carle M. Stacy -2105 Semibary Rd. Sil. Sp	a
phy en ava		DOMANIA V NOV.	<b>7</b>
e death ce attanling ermit. Th		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY:	_
attenit.		1/2/0 IMMEDIATE CAUSE (o)	_
he t		DUE TO, OR AS A CONSEQUENCE OF	
at th the nsit		rise to immediate cause (o). (b) Lister Sclero	_
s tho cian. d Illy tran		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
equires that thy physician. Signal and any the burial-transit burial, crema's		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	=
req ig planting planting in pl		TAKE 2. OTHER SIGNIFICANT CONTINUES TO BERTH BUT NOT RELEASE TO THE TERMINAL DISEASE OF CONDITION OF THE RETART TO	
nding been the	5	190, DATE OF OPERATION 195, CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	_
The law requires the attending physician. The bas been signed by se as the burial-traith priar taburial, cre	CEBTIFICAT	YES NO CAUSES OF DEATH?	
		210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)	-
rsician: aspital ar certificate hed for u	MEDICAL	Greather, notify medical examiner) P.M. Month Day Year	
PHYSICIAN: e haspital ar his certificate itached for u	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY, 1 21f. IDCATION Street or R.F.D. No. City or Town County Stote	_
he h		While Not while of work OFFICE BULDING, ETC	
ATTENDING stained by the CTOR: After is shauld be		220. I certify that (1) (this hospital) aftended the deceased fram, 19.6/, to	ast
ed les She	ı	220. I certify that (I) (this hospital) attended the deceased fram	he
Tie Cart		226 DATE SIGNATURE	
may be retained RAL DIRECTOR: A page 3 shmuld be filed with the		MED DIRECTOR DISTAFF DIRECTOR	
Y by by billed		22d PHYS CIAN A 22e ADDRESS	
Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 shauld be listed with the State		NAME (TYTE) Russell Bufaliko, M.D. 1429 University Blvd. West, Sil. Spr., Md	
O HOSPII Page 4 m O FUNERA director,	230.	BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)	
0 0 0 F		REMOVALISPENTY Jan 28, 1969 Cedar Hill Cemetery Suitland, Maryland	
- Vs. AVA	24.	EUNERGY CARTER COLIN COLL ADDRESS SIL Spr. Md. 250 REC D BY REG STRAR 25b. REGISTRAR'S SIGNATURE	
30M REV (1740	I W	Truet & Pumphasu Jan 81/31 Consain Avenue DATE IAN 20 1960 PCharles Judge	

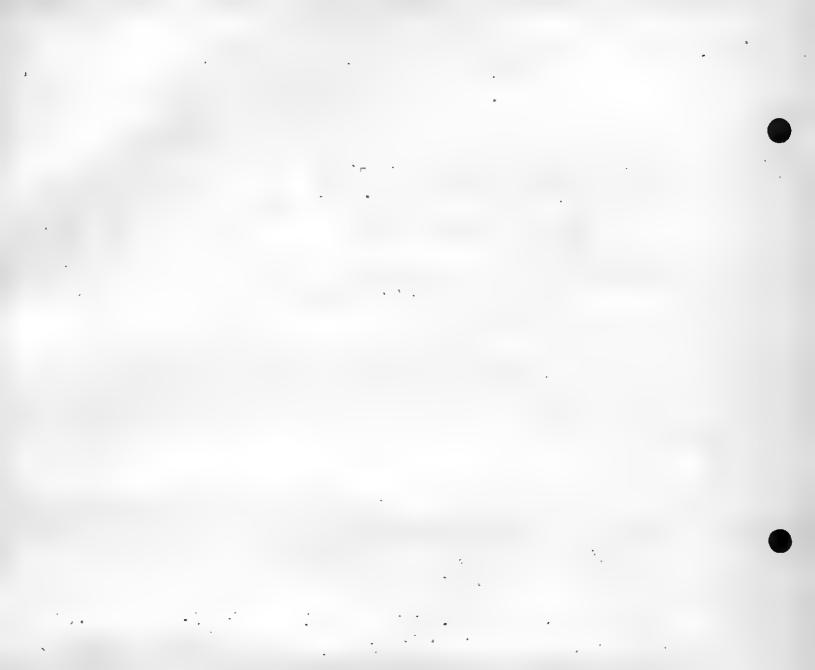
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 01230 CERTIFICATE OF DEATH lost 20. DATE OF DEATH **DECEASED-NAME** First Middle 2b HOUR death (Type or print) Alice (NMN) Stapleton January S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years 1E TUNDER 1 YEAR last birthday) HOURS burial-transit permit. Then please remove carbon popers. Page, burial, cremotion, or removol, and in any event, within 72 hours at 23 September 1950 White 18 Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED California DIVORCED **USA** WIDOWED [ Montgomery County
120 USUA, OCCUPAT ON (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR requires that the death certificate be executed within physician and completely filten please remove carbon p give street oddress)
The Clinical Center, NIH during most of working life, even if retired.)
Student INDUSTRY Bethesda 13a USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 196. COUNTY edmission) STATE California YES 🛛 NO ON 2 Bassett Lane Atherton IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Lost Middle Lost Thomas Stapleton Helene Tinmmsen 17 INFORMANT
The Medical Records, National Institutes of
Health, Clinical Center, Bethesda Md 2001 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, no. or unknown) Not Available 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Pneumonia BETWEEN ONSET AND GEATH 1-2 days Pneumonia IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 9 Months Burkitt's Lymphoma signed by the burial-transit p Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. **D FUNERAL DIRECTOR:** After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, crer stating the underlying couses last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES X Yes NO | 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CALSE OF DEATH HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that XIX (this haspital) attended the deceased from 2 January, 19 69, to 29 January 19 69, that XIX (we) last saw the deceased alive an 29 January 19 69, and that in XIXIX (aur) apinion death accurred on the date and hour and from the causes started above XIX (we) (did) (NIXIX) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED 29 January 1969 dervou DEGRÉE DIRECTOR 220 ADDRESS The Clinical Center, National 22d PHYSICIAN'S Sherrard L. Haves. Institutes of Health, Bethesda, Md. 20014 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMADON 23b DATE (Stote) REMOVAL (Specify) California 2-4-69 Alta Mesa Palo Atto 9 24. FUNERAL DIRECTOR RObert A. Pumphreovress 25d. RECD BY REGISTRAR VR A15 (4) 7557-Wisconsin Ave., Bethesda, Md. 30M REV, 1/68 DATE



_	1			STATE DEPARTMENT OF		
7	1	04084	DIVISION OF VITAL RECORDS, 3	01 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	01247
		01251	CI	ERTIFICATE OF DEATH		0 2 0 2 0
£ _~£		ECEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b HOUR
death. nerol and 2 deoth.		ype or pont)	Elizabeth	Steinmetz	January 8	1969 17-19 W
	3. 5		4 RACE	S. DATE OF BIRTH	6 AGE (M years	IE UNDER 1 YEAR   IE UNDER 24 HRS
the the state of t		Female	stirter	8/18/14	lost birthdoy)	MONTHS DAYS HOURS MIN
S S S S	70	ALONIUM LET COLL.		MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital or oftending physicion.  SIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral e. 3 should be detached for use as the burial-transit permit. Then please remays action papers. Pers 1 and 2 ed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 figurs offer death.	can	SIKINPLACE (Store or foreign	United States	WIDOWED DIVORCED	morriganizery	County Md
illed pap	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSP TAL OR INST	TUTION (If not in haspital   12a. US	UAL OCCLPATION (Kind of work done	12b. K ND OP BUSINESS OR
香 李 · · · · · · · · · · · · · · · · · ·	9	Takama Parl	give street address) Was	tington during i	nost of working life, even if retired.)	Credit Core
d w	13a	USUAL KESIDENCE [Where deceds	ed lived, if institution. Residence before 11	13c CITY OR FOWN 13d. INSIDE CITY		VASOUT POLO
compliance of the complete of	odn	ssian) STATE	13b COUNTY	Wheaton YES	10 11426 DOX	Apura suina
DE A	14	FATHER S NAME First	M ddle Los	IS MOTHER'S MAIDEN NAME		dlost
e de la	П	Vames	P. Harki	ne Las	areata. ?	Rilei
ond		WAS DECEASED EVER IN U.S. ARN	ED FORCES? 166 SOCIAL SECURITY NO	17 INFORMANT HOSPA		GOO CAYVOLLAUR.
iffice life		'es, na, ar unknawn) (II yes give w	ar or dates of service) 140 - 03 - 1	2598 washington	Savitavium + Hospit	akoma Park, md.
The P		18. CAUSE OF DEATH (Enter on	y one couse per the for (a) (b) and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ath adin it.		PART I DEATH WAS CAUSED	TE CAUSE (0) Carcino	emo tosis: 1	xxast Cancer	CLIBICH CHAIN MAC CONTA
de de n', o n', o		174X	DUE TO, OR AS A CONSEQUENCE OF			
the control of the co	l	Canditians, if ony, which gave)	·			
hot .r. insi	П	rise to immediate couse (a),	(b) Due to, or as a consequence of			
t sign that the sign of the si	П	stoting the underlying cause last.	(c)			
SING PHYSICIAN: The law requires that the death certificate by the hospital or ottending physician.  After this certificate has been signed by the ottending physician be detacted for use as the burial-transit permit. Then please State Dept. of Health prior to burial, cremotion, or removal, and	П	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)	
rec ng p					•	
ndir bee s th	100	190. DATE OF OPERATION 19b	ONDITION FOR WHICH OPERATION WAS PERF	ORMED 20a AUTOPSY?	206 IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
he of the has	CERTIFICATION			YES NO É	CAUSES OF DEATH?	
N: T		210. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		er nature of injury in Part 1 or Part 2,	Item 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF OEAT	HOUR A.M Manth Day Year			
YSII losp cert thed	A BE	214 INTILES OUT ISSED 218	PLACE OF INILIRY LAT HOME FARM, STREET, FACTO	RY ) 21f. LOCATION Street or R.F.D. N	a. City or Town	County Stote
OR ATTENDING PHYSICIAN: The law rebe retained by the hospital or offending DIRECTOR: After this certificate has been sea 3 should be detached for use os the ed with the State Dept. of Health prior to	П	While Nat while of work at work	OFFICE BUILDING, ETC	1		
NG NG Fer i			s haspital) attended the deceased	from /V/1 - 10 . 19	60 to // 19	67 , that (1) twelt last
ND Id b Id b Id b Id b		saw the deceased a	s haspital) attended the deceased ive an	67, and that in (my) (aur) of	pinian death accorred on the do	te and havr and fram the
AT TEND etained CTOR: A should vith the		causes stated above	, (1) (we) (d)(a) (did nat) view the bi	ady atter death.		
R A A Let I will will will	П	286 SIGNATURE	man diamen and	ATTENDING	MED STAFF	DATE SIGNED
		DA WILL	1000000 0011	DEGREE PHYS	DIRECTOR PHYS	8/69
May RAL Po		NAME PYPEL	MERENDINO M	226 ADDRESS	7 1(111 D.)	
TO HOSPITAL OR ATTENDING Poge 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be should be filled with the State		1011/2/1			Kemp Mill Rd. S	11 Spgs Md
oge Poge FU Share	230	Burial 23b. 1	1- 1	METERY OR CREMATORY	23d. sOCAT ON (City or Town)	(Caunty) (State)
5 5	24	FUNERAL DIRECTOR	/10/69 Gate	of Heaven Cem	Silver Sprin	Montg. Md
VR A15	14.		MPHREY, Bethesd	sconsin Ave JA	N RIGISTAR 1963 Sb. REGISTRARS	TO Just
SOLU KEA LOGA		TODAKE A. FU	Bethesda	a. MarylandAIL		



		MARITAND STATE DEFARIMENT OF REALIN
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01248
		01250 CERTIFICATE OF DEATH
2 82	1. D	SCEACED NAME First Widdle bot To DEATH
after death Mertuneral Mest y and 2	1	Type or print)
r deat	2 6	Dorothy Virginia Stewart January 16 68 63 PM
ter se	3. 5	
	L_	Ismale cuicasian 8-4-16 last birth-ay) MONTHS DAYS HOURS MIN
by the	7a	BIRTYPLACE, (State or fareign 7b CITIZEN OF WHAT COUNTRY? 8 MARDIED STATE NEVER MARDIED 19. COUNTY OF DEATH
	can	1 C WINDOWSD TO DIVERSE WAS A STATE OF THE PROPERTY OF THE PRO
hin 24 filled thin 77	10	The state of the s
量 更是[7]	1,	Que street address)
m fag //	11	a Koma Fr. Nash, Jan. E Hosp. Book Keeper. The Lee the
ple call	13a.	LSLAL RESIDENCE (Where deceased hydd, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY JAM 157 13e. STREET AND NUMBER 11SSIDD) STATE 156 COUNTY 136 COUNTY 157 NO. 1
and completely filled it by remove carban papers. Parany event, within 72 haurs.	40.11	maryland. Virginice George Hughs. YES NO 6622 24th Phin
THE STATE OF THE S	14,	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
0		) 1/ 1 A (
	160	WAS DECEASED EVER IN U.S. ARMED FORCES? [16b SOCIAL SECURITY NO ] 17. INFORMANT Address
physician of physician of physician of please nen please nard, and it		Yes, na, or unknown) ("yes give wor or doles of service) 098-14-3071 Pt'S Chart.
ph)	<b></b>	
at the death cer . the attending p nsit permit. The matian, or rema	1	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:
ndi nrit.		PART I. DRAIH WAS LAUSE (a) Subarachnoid hemorrhage 3-4 dans
dermeerm's dr		4300 DUE TO, OR AS A CONSEQUENCE OF
the of the particular the control of		Conditions, if ony, which gave
# # T I I I	1	nse to immediate couse (o).
# 15 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.  IRECTOR: After this certificate has been signed by the attending physician e.3 should be detached for use as the burial-transit permit. Then please ad with the State Dept. of Health prior to burial, crematian, or remayal, and		
ph p		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T(a)
ing een to	1 3	hy bertension
on pure	ĮĔ	19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
has after	CERTIFICATION	YES NO TO CAUSES OF DEATH?
The second of th		21a ACCIDENT WAS UNDERLYING 21b TIME OF INLURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
The first and the second and the sec	ਤ	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
Signature and second se	MEDICAL	(If either, notify medical examiner) P.M. 19 2 d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f IDICATION Street or R.F.D. No. (Lity or Town County State)
P P P P P P P P P P P P P P P P P P P	_	2 d INJURY OCCURRED VICE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ma. City or Town County State
the det		OT WOLK OF WOLK
by fiter be		22a. I certify that (I) (this haspital) attended the deceased from Jan. 13, 1969, to Jan. 16, 1969, that (I) (we) last saw the deceased alive an Jan. 16 19 49 and that in (my) (aur) apinian death accurred an the date and have and from the
D P S S S S S S S S S S S S S S S S S S		saw the deceased alive an 36-16 19 7 and that in (my) (aur) apinian death accurred an the date and haur and fram the
S S S S S S S S S S S S S S S S S S S		causes stated above, (1) (we) (@@(didnat) view the body after death
A to Day		226 SIGNATURE 2 22C. DATE SIGNED 22C. DATE SIGNED
pe ed		B Cushner Moderner ATTENDING DIRECTOR D STAFF DI 1-17-69
P P P P P P P P P P P P P P P P P P P		22d PHYSICIAN'S 22e. ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires the Poge 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. of Health prior ta burial, cre		NAME (Type) G. B. Cushner White Uak, Md.
Se de	230	BURIA., CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store)
Pog Pog Parish		REMOVAL (Specify) Jan 18, 1969 Cedar Hill Cemetery Suitland Pro Geo Md.
E E 0.0	24	FUNERAL DIRECTOR 256 PEC D RV DEGISTRAD 256 PEC D RV DEGISTRAD 256 PEC D RV DEGISTRAD
VR A15 W 30M REV 1958	1.	F. Gasch's Sons Hyattsville, Md. AN 21 1969 Accepted
SOUTH ALL INDON		DATIONAL



346

12.0

P = 1

A	MARYLAND STATE DEPARTMENT OF HEALTH	
1	125 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. 0
,	CERTIFICATE OF DEATH	1 19
. 2	ASED NAME First Middie Lost 20. DATE OF DEATH	Lat works
death neral and 2 death.	e or print) O Month Doy Year	26. HOUR
after deat the funeral ggs 1 and safter deat	14 Mond 1, STOUT SAR) 17 1969	5架
free fu	4 RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER LYEAR	IF UNDER 24 HRS
the same	MA/E White 12-3-87 Bythoay) YRS. MONTHS DAYS	HOURS MAN
18 6 8	THPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY?   8 MARDIED TO STATE   9 COUNTY OF DEATH	l
24 haurs after death.  24 haurs after death.  27 naurs after death.	1.4NSAS U.SA W.DOWED DIVORCED Menta o mirey	
	OR TOWN OF DEATH II NAME OF HOSPITA. OR INSTITUTION (IF not in hospital 120 USUAL OCCUPATION (K of of work done 12b. KIND OF	Md.
/ # Let/ 1	give street address)	
>		501 T.
requires that the death certificate be executed was physician. In signed by the attending physician and campleted burial-transit permit. Then please remave carbo burial, cremation, ar remaval, and in any event, we	On) STATE  Jab COUNTY  136 CITY OR TOWN  136 INSUF (ITY LM TS?  136 STREET AND NUMBER  178 OUNTY  178 OUNTY  178 OUNTY	
it the death certificate be execute the attending physician and camp sit permit. Then please remave mation, ar remaval, and in any ever	1010 1 18/18/11/19/10 - 4/24-30-37 N. W.	
a e e	133 CONTRA THANKS I MAKE THAN	Lost
ate be	WILLIAM T. STOUT SARAH WA	ACEN
Signature Cath	AS DECEASED EVER IN U.S. ARMED FORCES?  16b SOC AL SECURITY NO 17 INFORMANT Address  Address	97:
leath certific ending physi nit. Then p	no, of unknown) (11 yes give wor of dores of service) 578-60-9146 MRS. IVAL B. STOUT, WIFE, SAME	HS 1.3
an Difference		NATE INTERVAL NSET AND DEATH
and in the second secon	PART I. DEATH WAS CAUSED BY: IMMEDIATE (ALSE (a) Myocardial infarction, recent & remote	TILL HAD DIAM
the interm	DUE TO, OR AS A CONSEQUENCE OF	
aff of officer	and thous, if ony, which gove) (b) Coronary arteriosclerosis with occlusion	
to the second	e to immediate couse (a),	
troin the state of	oting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
y sic	st. (c)	
a signatura	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ing sen the		
The law attendin has bee se as th h priar t	o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CE	RTIFYING
IAN: The law requires that the d of ar attending physician. Itate has been signed by the attern use as the burial-transit perrolled the prior to burial, cremation,	YES 12 NO CAUSES OF DEATH?	
ate ar ar edit	o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)	
A 型型 海尼亚	JOR CONTRIBUTING CALSE OF OTATH HOUR A.M. Month Day Year	
asp asp (1.0)	IN JURY OCCUPRED 238 PLACE OF INHIPY LAT HOME FARM STREET FACTORY ) 216 LOCATION Street or P.E.D. No. City of Taylor	Stote
PH. his his		21016
Se t a se		165 4 5 4
Aft Spark	a 1 certify that (1) (this haspital) attended the deceased from 1-4., 1963, ta 1-17, 1967, that saw the deceased alive an 1967 and that in (my) (our) apinion death occurred on the date and hours	(I) (we) last
the second secon	causes stated above, (1) (we) (die) (did not) view the bady after death.	and from the
TA de Se de la companya de la compan	b SIGNATURE 2 220 DATE SIGNED	
dw dw		58
A by	d PHYSICIANS 22e ADDRESS	2 /
	NAME (Type) W. Fleet Luckett 5000 Reno Rd N W	
Page 4 may be retained by the haspital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. at Health priar to burial, crenter the state of the	10 - ACMU NAIN C	15 2 5 2
Pag dre sho	MOVAL (Specific)	(Stote) Md
5-5-00	urial Decros   1-29-1969   Fort Lincoln Cemetery   Colmar Manon, Prince Ge	6,62
VR A15	ozebu gamter 2 pour? The 1 http://www.	
45M - 1 49 \	W Wash D.C. 20016 DATE	



المناحضة		11255		. 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	2405	
i	_				1.	0125	
er death. funerol i 1 and 2		CEASED NAME First ype or print) Russe	Middie Eugene	lost Stup	2a. DATE OF DEATH  Jan. Month 17 Do	y 69 Yeor	2b. HOUR 1:40aug
s after death the funeral oges 1 and 2	3. 51	X Male	4 RACE White	S. DATE OF BIRTH 4-19-13	6. AGE (In years lost butleday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
in by	7 <sub>0</sub> (00)	BIRTHPLACE (State or foreign tity) Maryland	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Montgomery		Md.
rithin 2 ly filled on pap within 2	10. (	ITY OR TOWN OF DEATH Olney	11. NAME OF HOSPITAL OR IN give street address)	ISTITUTION (If not in hospital 12a USUA during me during me 12a USUA 12a US	CECURATION NO. 1 C. 1	12b. KIND OF B	BUSINESS OR
be executed within 24 hours after death, and completely filled in by the funeral eremove corbon papers—Pages 1 and 2 in any event, within 72 hours after death.	13a adm	USUAL RESIDENCE (Where deceossission) STATE Marylan	ed lived, if institution: Residence before 13b. COUNTY Montgomery		126 SIKECL MAD MONDEK		leum Co
be exe	14	ATHER'S NAME First	Middle Lost Elmer Stup	Sr. IS. MOTHER'S MAIDEN NAME F	rst Middle		lost Wartz
hysicion you, and	1 Y	WAS DECEASED EVER IN U.S. ARM es, na, or unknown) (fives ever S	AED FORCES? ACT OF dottes of service) TT  16b. SOCIAL SECURITY 578-10-9	· ·	rds Address Ol ney	,Md.	
The low requires that the death car attending physician. has been signed by the ottending se os the buriol-transit permit. The hiprior to buriol, cremotian, or remover	CERTIFICATION	18. CAUSE OF DEATH (Enter an PART 1. DEATH WAS CAUSE)  IMMEDIA  Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT COM	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  NDITIONS CONTRIBUTING TO DEATH BUT (CONDITION FOR MILICH OPERATION WAS PI	OF RELATED TO THE TERMINAL DISEASE OR CONTROL OF THE TERMINAL DISEASE OR CONTROL OR CONTROL OF THE TERMINAL DISEASE OR CONTROL OR CONTROL OF THE TERMINAL DISEASE OR CONTROL OF THE TERMINAL DISEASE OR CONTROL OR CO	ONDITION GIVEN IN PART I(a)  20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CEI	WIE INTERVAL SEET AND DEATH  V  RTIFYING
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transfooluld be filed with the State Dept. af Health prior to burial, are	MEDICAL	(If either, notify medical examination of the control of the contr	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ed from, 19	City pr Town  19  10  11  12  12  12  12  13  14  15  16  17  18  18  18  18  18  18  18  18  18	County  County	
TO HOS! Page 4 TO FUNE REAL PAGE TO FUNE TO FU	<u>31</u> 24	BURIAL, CREMAT ON, REMOVAL (Specify) 11- PUNERAL DIRECTOR OBERT A PUN	20-69 Parkla	cemetery or crematory  awn Cemetery  250. RECD B	23d LOTATION (City or Town)  Rockville  V REGISTRAR  2.3 1969	(County) Marylan	

MAKILAND STATE DEPARTMENT OF HEALTH



-	L	31257		OF VITAL RECORDS,				201 🥠	1253	3
per death.		ECEASED NAME First (Ype or print) He	len	Sipple	T)	AFT	2a. DATE OF DEATH Manth	TAMOY 4	Year 69	26 HOUR 10:20/
s. Poges hours after	3 5	X FEMALE	4 RACE CAU	CASION	S. DAT	E OF BIRTH 3 MAR 1904	6 AGE (In ye	ors FUNE		UNDER 24 HRS DURS MIN
7	70 (OL	BIRTHPLACE (State or foreign intry) MD	76. CITIZEN C	DE WHAT COUNTRY?	8 MARRIED NEV	ER MARRIED 9. DIVORCED 0	COUNTY OF DEATH MONTGOMERY	*****		Md
2:		ITY OR TOWN OF DEATH BETHESDA	1	11 NAME OF HOSPITAL OR INS		[ IIVUE	OCCUPATION (Kind of work	tired) 12b	KIND OF BUS DUSTRY	*NESS OR
avelli,	13a. adm	USUAL RESIDENCE (Where decea ssian) STATE VA	sed lived, if in	istitution: Residence before NTY	FALLS CI	HURCHS X NO	3447 JOAN	FER COURT	1	
5		WALTER	M de S	die cost	IPPLE 15. MOTH	ER'S MAIDEN NAME First	UMSBAUCH MI	ddie		Last
	16a	WAS DECEASED EVER IN U.S. ARI es, no, or unknown) (P yes give to	MED FORCES?	(e) 16b SOCIAL SECURITY N 220 09 6			Add 47 JOAN COUF	iress	S CHUI	RCH, VA
shou'd be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	NC	Canditions, if any, which gove use to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO.	D BY ATE CAUSE (a) DUE TO, (b). DUE TO, (c)	OR AS A CONSEQUENCE OF  CARCINOMA  OR AS A CONSEQUENCE OF	NARY EMBOI	LADDER WITH	I METASTASIS		BETWEEN ONSET	AND DEATH
X	CERTIFICATION			R WHICH OPERATION WAS PER	1	AUTOPSY?	206 IF YES, WERE FINI CAUSES OF DEATH?			FYING
	MEDICAL	21o. ACC DENT WAS UNDERLYING CAUSE OF OCA (If either, notify medical examination of the company	H HOUR	ME OF INLURY A.M. Manth Day Year P.M. 19  JRY (AT HOME FARM, STREET FAC OFFICE BUILDING, ETC			oture of injury in Port 1 or City or Town	Port 2, Item 11		Stote
ı		at work at work  22a. I certify that (1) (the saw the deceased a causes stated above 22b SIGNATURE (22d. PHYSICIAN'S	is haspital) live an All (we) (o	ottended the decease and did) (drawn) view the later of t	d frem 2 J 9 9 and that pady after death. DEGREE P	In (144) (aur) apinio	on death accurred an STAFF PHYS.	, 1969 the date an 22c. DATE S 5JA	that (4) and hour and light 19 68	
	230	BURIAL CREMATION. 23b.	DATE		EMETERY OR CREMAT	ORY 2	TAL, BETHEST 3d LOCATION (City or Town	n) (Cou	inly) (	Stote) Md •
RO	24.	Cremation 1- FUNERA DIRECTOR JOSEPH Gawler' N.W., Wash., D	6-1969 s Sons .C., 20	. Inc., 5130	Wisc. Ave		Guitland, Pri	nce Ge		Co.,

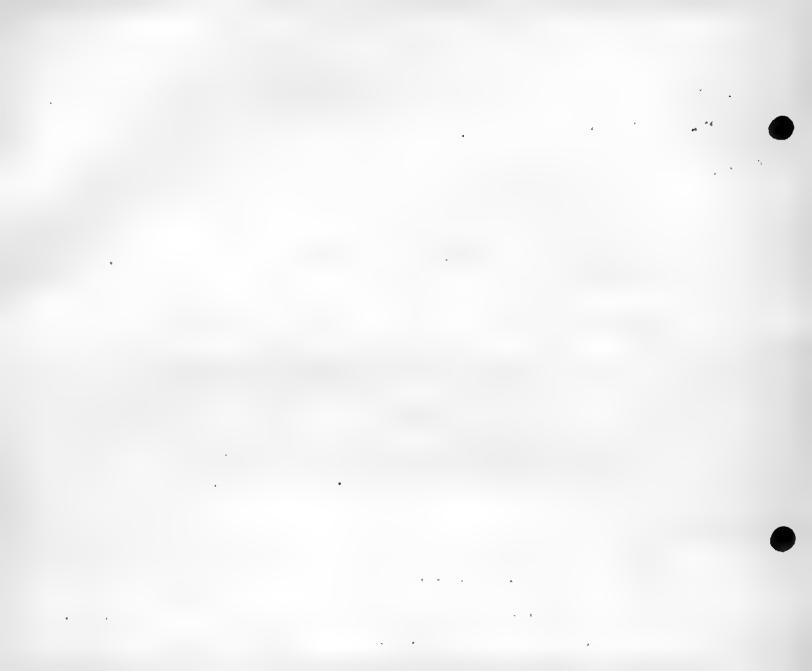
in the Co

	1	MAKYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4.0 F .
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1254
HEALTH DEPT.	1 0	TEN MADE	D at Tol House
		OF ESTI	Doy Year 2b 1901
Any delay is 2, and 3 ta PM3. Page	3 5		7 1967 975 M 2d HOUR
deloy and 3 #3. Por		M. W = Sep. 10-1966 Cost birthday) MONTHS DATS HOURS MIN MONTH Day	Year 1969 93 M
Any delay 2, and 3 Page PM3. Page Page Page Page Page Page Page Page	70	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1401 1 7 3 M
Jan	cour		, MA
death Pages 1, With farm	10. (	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 120 USUAL OCCUPATION (Kind of work done 1	2b KIND OF BUSINESS OR
The de	1	Bethescla. give street address) or han during most of working life, even if ret red)	NOUSTRY
This certificate snauld be executed within 24 havis after death cate, wr ting the word "pending" in pencil in Item 16. Byee Pagg be farwarded to the Chief Medical Examiner's Office along with the State used as a burial-transit permit. File pages Tand 2 with the State remayal, and in any event within 72 haurs after death	13a	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d INSTITUTE 1.0 13 INSTITUTE 1.0 13d INSTITUTE	. Aila
2		admission) STATE Margland 136 COUNTY Montgemery Bathosda YES \$ NO 19926 Floor 10	AVE
d within 24 hours in pencil in Item. Examiner's Office. File pages Tand?	14, 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 in lin lin lin lin lin lin lin lin lin l	1/-	Thomas E Toylor Josethine A.	Certain
thin 24 anct in miner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO.  17 INFORMANT  Thomas E. Taylor-father-same	item #13a
Exar Exar File	-		APPROX MATE INTERVAL
uted isal ithir		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) PRECINE 2013 Interestistial Viral.	BETWEEN ONSET AND CEATH
xec Idin Medin peri		MMEDIATE CAUSE (g) TO CUTT GOT IS JOYALI STISTIZE OF	,
sit net I		Conditions, if any, which gave	
Chi Chi		nse to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
This certificate snauld be executed within 24 cate, wr ting the word "pending" in pencil in be farwatded to the Chief Medical Examiner's a be used as a burial-transit permit. File pages ar removal, and in any event within 72 hours		last	
the ship to the sh		PART 2 OTHER S-GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	1
This certificate is facte, wr ting the labe farwarded to lid be used as a bar remaval, and	NO		
certil arwat used maya	15	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his arte, be to be u	CERTIFICAT		YES X NO
		216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M	m 18)
INER e cer shaul files 3 sho nation	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f 10CATION Street or R.F.D. No City or Town	Country Country
the the day of the day	_	white NOT WHITE factory, office building, etc.)	County State
JIY SICAL EXAMINER: This or ry, please execute the certif cate, eral director Page 4 shauld be far be retained for your files RAL DIRECTOR: Page 3 should be u prior to burial, cremation, ar rem		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry	
CAL exe or f d fo d fo		22a. I <b>certify</b> that I taak charge of the remains described above, held an Autopsy (7), Inspection (7), Inquiry (7) death resulted fram: Natural causes (7), Accident (1), Suicide (1), Hamicide (1), Undetermined manner (1)	
ase case direct ment to the talk		CHIEF MEDICAL EXAMINER	<b>_</b> ' ,
		SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATES	IGNED
Sary Sary IERA		EXAMINER'S DEPUTY MEDICAL EXAMINER X JOIN.	8.1969.
necessary, please execute the certification in the funeral director Page 4 shauld 5 may be retained for your files for FUNERAL DIRECTOR: Page 3 should Health prior to burial, cremation,		NAME (Type) John G. Ball 7936 Old Geo. Rdwre Berthesda et all de la	
5 g # 2 5 #	230	B BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d .OCATION (City of Town)	(Caunty) (State)
		Burial 1/10/69 Gate of Heaven Silver Spring,  FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 250 REGISTRAR 5 SI	
VR ALSME (5)	LA	son Wheeler Funeral Home 1331 RockPike	STATES .
10M REV 1 6	_	Rockville, Maryland AN 1 4 1969 Action	1



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME 20 DATE KNOWN Month HOTOCE (Type or Print) OF EST - Jan Poge o 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years 2c DATE PRONOUNCED DEAD 2d HOUR ny delo 2, and 3 PM3. P 7a BIRTHP\_ACE (State or foreign 75 CIT.ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland WIDOWED K DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital ofter death 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast pl wark no life, even if retired.) Give 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c City OR TOWN 13d INS DE CITY LIM TS? 13e. STREET AND NUMBER 000 odmission) STATE Mary and 136 COUNTY Montgemer 1 Clarks burg YES NO X Route 355 land 2 ofter 14. FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME Ella Douglas Bernett Thompson 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** (Yes, no or unknown) 579-44-3782 Ellis Roberson, Dickerson, Md. APPROXIMATE INTERVAL event within IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (o) Corbon Monoxide . Poisioning DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove 3 rise to immediate cause (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause ond in PART 2 OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO X 21g EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d N.JRY OCCURRED 21e PLACE OF N.JRY (At home, form, street, 21f LOCATION Street or R.F.D. No. foctory, office building, etc.) Montgomery Mc WHILE HOT WHILE TO Rout 355 Home. 220 I certify that I took charge of the remains described above, held an Autapsy 🔼 Inspection X Inquiry X. and in my opinion death resulted from Natural causes Accident X Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLTY MEDICAL EXAMINER 54 moy **EXAMINER'S** Health John G. Ball. M.D. NAME (Type) ADDRESS(Street, city, town, or county) 230 BUR AL, CREMAT ON, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Feb.1,1969 Hyattstown Hyattstown, Burial Calin L. Molesworth, Damascus, Md. 25b REGISTRAR'S SIGNASURE 24 FUNERAL DIRECTOR 250 RECD BY REG STRAR VR A15ME (5) 10M REV 1/68

MAKYLAND STATE DEPAKEMENT OF HEALTH



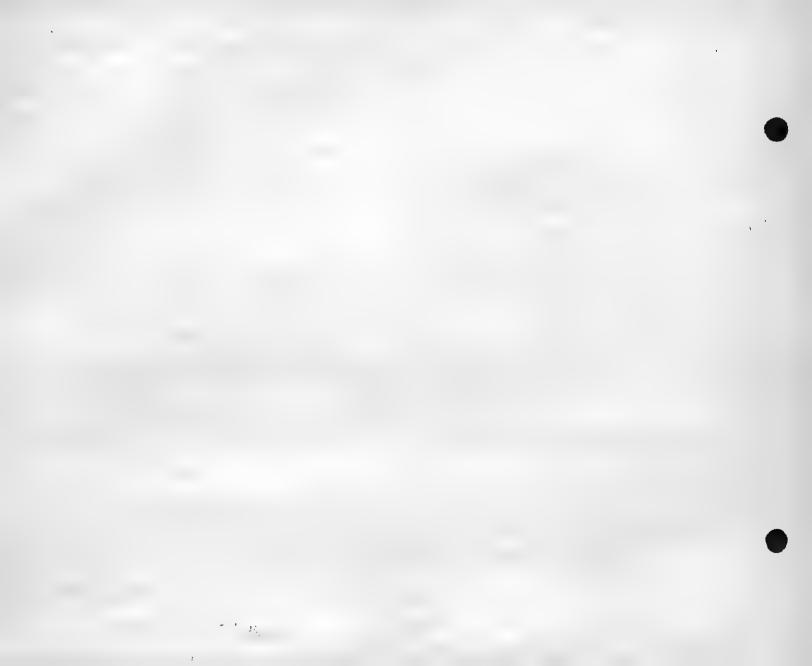
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01256 01200 CERTIFICATE OF DEATH 1. DECFASED-NAME Middle Lost 2g. DATE OF DEATH deoth. (Type or print) 8:22 SAMUEL **JASPER** THOMPSON Year 69 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNCER 1 YEAR IF LINDER 74 HPS last birthday) 7 7/25/01 WHITE MALE be executed within 24 hours 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED PT NEVER MARRIED TT WEST VIRGINIA UNITED STATES MONTGOMERY WIDOWED [7] DIVORCED [ ond completely filled remove carban pape 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done and in ony event, within 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address: CENERAL HOSPITALLING mast of working lie even if retired) INDUSTRY OLNEY 130 USUAL RESIDENCE (Where deceased aved, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 136. COUNTY ONT GOMERY #811 EDNOR ROAD SANDY SPRINGYES NO K 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle ARMINTA -- THOMPSON JAMES 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address dannott Yes, no, ar unknown) [If yes give war or dates of service] 1811 burial, cremation, or removal, 154-12-9549 MODIFICATION APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per ime for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) \_ DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? CAUSES OF DEATH? YES FED NO I 21o, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town State County While Nat while at work 22a. I certify that (I) (this hospital) attended the deceosed fram 12/3/, 1968, to 1/1, 1965, that (I) (we) lost sow the deceased alive on 12/3/, 1968, and that in (my) (our) opinion death accurred on the date and haur and fram the sow the deceased alive on 12/3/ couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b SIGNATURE 22c. DATE SIGNED DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 150 HIF ANT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION (County) Prince Gronges. 3t. Lincoln Cre atory Perphrey,



	li .	MARYLAND STATE DEPARTMENT OF HEALTH
1. 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
K		CERTIFICATE OF DEATH
eath.		ECEASED NAME First . Middle Last 2a DATE OF DEATH Type or print) / Month / 8 Day 6G Year 2b HOUR
p 2-5	3. 5	11/V/V/C /)E// //////
ts of the state of	1	-emale white 9-18-79 lost bythody YRS MONTHS DAYS HOURS MIN
haum by spirit shaul		BIRTHPLACE (Stote or fore gn 75 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   11 ON THE PROPERTY   12 ON THE PROPERTY   12 ON THE PROPERTY   13 ON
nin 24 filled ii paper fhin 72	10	CITY OF TOUR OF OCCUPY
within pan pan pan pan pan pan pan pan pan pa	77	A Kom A PARK give street address) Sall + Hosal during most of working te, even it retired) INDUSTRY
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death stained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely filled in by mestimeral shauld be detached far use as the burial-transit permit. Then please semble corban papers 100gs 1, and 2 shauld be detached far use as the burial, cremation, ar remayal and in any event, within 72 haurs other death in the State Dept. at Health priar ta burial, cremation, ar remayal and in any event, within 72 haurs other death	3a adm	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN / 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER ISSION) STATE / YES NO 1
o o o o o o o o o o o o o o o o o o o	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
odn and ceam		OSEPH - REYNOLDS ANNIE - MEGUIRE
icore is a second		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANY Address  (es, no. ar yokhown) (17 yes give war or dates a l service)  579-62 6639+11-11-4-15-4-16-6-01-11-11-11-11-11-11-11-11-11-11-11-11-
physinen physinava	H	The state of the s
ne death cer attending p permit. The		PART I. DEATH WAS CAUSED BY
e de after an, a		MMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF
the the sit p		Conditions, if any, which gave nse to immediate couse (a). (b) a clinic because
quires that the physician. signed by the burial, crematic		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
hysic gne gne urial		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)
The law requires the aftending physician. has been signed by se as the burial-tranth priar ta burial, cre.	z	THE STATE STATE CONDITIONS CONTINUES TO DAME OF THE STATE
The law ratending attending has been se as the h priar ta	CERTIFICAT;ON	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The rather than the property of the property o	ERTIFI	YES NO CAUSES OF DEATH?  ZIO ACCIDENT WAS UNDERLYING 235 TIME OF INNIPY 216 HOW INNIPY OCCUPRED (Enter polying of innipy in Part ) or Part 2 How IN
IAN tal o freat for for		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
IYSIC naspi cert ched pt. al	MEDICAL	Office block of the country medical examiner   P.M. 19  2.d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY, OFFICE BUILDING, ETC.   21f. LOCATION   21f
this this deta		at wark — at wark — .
DING by be be Stat		22a. I certify that (I) (this hospital) attended the deceased fram 19 1,
ined OR: auld		causes stated abave, (1) (we) (did) (did not) view the body offer death.
OR A) OR Be reto		225 SIGNATURE ATTENDING MED. STAFF 22c DATE SIGNED
N O		DEGREE PHYS DIRECTOR PHYS 220 PHYSICIAN S 220 ADDRESS
FRAI Gr. p		NAME (Type)
Page 4 may be retained by the haspital ar attending physician.  For FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then parauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval.	230	BURIAL CREMATION, 236 DATE 23L NAME OF CEMPTERY OR CREMATORY 23d , OCAT ON (City or Town) (County) (Stote)
5 g 5 g g	24	FUNERAL DIRECTOR JOHN 21, 1969 GIBECH BAPTIST CHURCH UILLAGE UA.  FUNERAL DIRECTOR JOHN STEPHENS SIGNATURE
VR A15 (4) 45M 1 / 69	ic	ADDRESS ADDRESS 250 RECIDENTALLY TWO SHEETS AND DATE AND DATE AND DATE



_	MARTLAND STATE DEPARTMENT OF HEALTH	
-	3 1 2 6 ~ DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH 01958	
÷	ECEASED NAME First Middle Last 2a, DATE OF DEATH 2b, HC	UR
death. nera! and 2 death.	(ype or print) Rudalph Jodd Jan 19 46 9 6	36 N
fun F	S. DATE OF BIRTH 6 AGE (In years F JNOER 14 EAR 18 UNDER 24	HRS.
recuted within ( ) taurs after death completely filed in by the funeral sove corban papers. Pages 1 and 3 y event, within 72 hours after death	male White 8/5/14 bist birthday) yrs MONIHS CAYS MOURS	MIN
A Parind	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
72 E E	/ flee fort 1 . 17   WIDOWED   DIVORCED   /1/67 Lifemery	Md
executed within and completely filed amove corbon pagang event, within	II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, eyen if retired) INDUSTRY	R
ed with	Bethesda 1 Suburban Lettied	
urted v symplete ve cork	USUAL RESIDENCE (Where deceased lived, f institution Residence before 13c CITY OR TOWN 13d MSIDE CITY MITS? 13e STREET AND NUMBER 35s an) STATE 12 12 12 12 13 13e STREET AND NUMBER 35s an) STATE 13c	
2 5 6	They form	
6 1 2 5 6	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last	
	Ropert Jord May Thus	1
Sicili Plece	. WAS DECEASED EVER IN LS ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address,	,
ertificate physicial hen pleas	10 Chief of Death (1-) APPROXIMATE MERICA APPROXIMATE MERICA	
em H	18 CAUSE OF DEATH (Enter only one coose per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY	lH.
teat mit.	IMMEDIATE CAUSE (0) In faction of Main often 4 10.	
that the death certific an. by the attending phys transit permit. Then p	DUE TO, OR AS A CONSEQUENCE OF	,
the the mat	Conditions, if any, which gave is to immediate cause (o). (b) Basilan anticy Thrombia 6 his	
equires that the death con physician. Signed by the attending burial transit permit. The burial, cremation, or rem	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
equires the physician signed by bur al trait bur al trait burial, cre	lost. (1) Dinesalyd (forture Releases) yrs.	
phd g phd sig	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
e law re tending us been os the priar to	10 DAYS OF ORSOLTION 101 CONDITION OF THE PROPERTY OF THE PROP	
te law re trending as been os the priar to	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
IAN: The oil or at a control of oil or at the control of oil or oil	YES NO   THE STATE OF INJURY  1216 HOW INJURY OCCURRED (Finer nature of injury in Port 1 or Port 2 them 18.)	
AN, al o licat far Hec	21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, item 18.)  OR CONTRIBUTING CAUSE OF DEATH HOUR A M. Month Day Year	
SICI Spit Spit Spit Spit Spit Spit Spit Spit	(If either, notify medical examiner) PM. 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 should be detached for use os the burial transit permit. Then pleas shauld be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and	21d. INJURY OCCURRED While Not while at work  21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY)  21f. LOCATION Street or R.F.D. No. C by or Town County Sta	е
NG V the ler i	22a.   certify that (1) (this hospital) attended the deceased from 22nc/6, 1969, to 24nc/9, 1969, that (1) (we)	las
NDI NDI NDI NDI NDI NDI NDI NDI NDI NDI	saw the deceased glive on 18 1969, and that in (my) (our) opinion death occurred on the date and hour and from	the
ATTEND Proined CTOR: Al Should should	causes stated phove, (1) (we) (did) (dig nat) view the bady after death.	
OR ATTENDING be retained by the NRECTOR: After the 13 should be ded ed with the State	226 DERATURE  ATTENDING MED STAFF 220 DATE, SIGNED  ATTENDING MED DRECTOR PHYS D PRYS D PRYS D	
AL C	27h Phr S (IAN S	
O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	NAME (Type) Barnecuelle. Mr. Mont M.	<u>/.                                    </u>
HO Filer hauf	BURIAL, CREMATION, 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)	
5 g 5 g ≥ 2	Duriel 1/22/09 Calvery Jew Wandson o	4
VR_A15_141	FUNERAL DIRECTOR, 256 PRECISITAR SAGUALINE	0
45M + 1769	U.C. Hillon, Barnesvelle, Mol. DATE	



_	- 1			NO STATE DEPARTMENT OF		
		01263	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BA	·	04000
6				CERTIFICATE OF DEATI	H	01259
4 _24	1.	DECEASED-NAME First	//- Middle	Lost	20 DATE OF DEATH	2b. HOUR
executed within 24 haurs after death and campletely filled in 19 12 Fuger 1 and 2 any event, within 72 haur after death	L	(Type or print) NE	111e B.	Tregnor	Manth Pay	1969 1044
	3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF JHOER 24 HRS.
# ( <b>[2/3</b> ]		-	W	June 17,	. 1889   last birthday) YRS.	MONTHS DAYS HOURS MIN
	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d in Pers. 72 h		conn.	U.S.A.	WIDOWED DIVORCED	Montgomery	Md
vithin 24 I	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I		SUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
ed withi	_	Kensington	Que street address) H		ne Housewife  Housewife	12b Kind of Business or INDUSTRY Honie
cuted vamplets	13	MIRRIAN CTATE	sed I ved, if institution. Residence before	VP/ [-7]	40 -3	NE
executed withing campletely remave carbon any event, wi	7	D.C.	30 (00)(1)	Wash.		tution Ave.
	<u> </u>	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAM		Last
2 0 0 in	1	Unkno			Unknown	
sician sylvania please (, and i)	14	YAS DECEASED EVER IN U.S. ARI			Address	
		Yes, no, ar unknawn) (If yes give t	579-52-	3911 Paul E. Ti	eynor-son New C	
9 PE E		18. CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), and (	4		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ar r		PART I. DEATH WAS CAUSE IMMEDI	ED BY (a) (p)	ral Throm	pris	DAUS
ne death attendi permit. Ian, ar r		* 7	DUE TO, OR AS A CONSEQUENCE O	F/ - /		
the the sit p		Conditions, if any, which gave	(b) AV 10	21050/8105/1		1/0ANS
thai in. by rans		nse to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	F	-	
res sicio ed al-ti al-ti		lost	(c)			
equires that the physician. signed by the burial-transit burial.		PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART I(a)	
OR ATTENDING PHYSICIAM: The law requires that the death cerbe retained by the haspital or attending physician.  SIRECTOR: After this certificate has been signed by the attending person of the standard for use as the burial-transit permit. The ed with the State Dept of Health priar to burial, crematian, ar remore	1		Nove			
law retending is been as the prior to		190 DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20th. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
IDING PHYSICIAN: The low rest by the haspital or attending After this certificate has been I be detached far use as the state Dept af Health priar to	Constitution of	100	10 -			
AN: The			272. 1		inter nature of injury in Part 1 or Part 2, 1	Item 18.)
af filling	SECOND SECOND	(If either, notify medical exami	iner) P.M.	19		
JING PHYSIC by the haspi (fer this certi be detached State Dept a	1	2.d. INJURY OCCURRED 21e.	PLACE OF INJURY ( AT HOME FARM, STREET, I	ACTORY ) 21f. LOCATION Street or R.F.D.	Na. City or Tawn	County State
the this det		at work at wark				
by Stat			ne hospital) attended the deceo	sed from, 1	967, to property 19	, that (II) (we) last
EN A Pied He		saw the deceased of causes stated above	e. (1) (we) (did) (did not) view the	e bady ofter death.	apinian death occurred on the do	te and hour and from the
R ATTENI retained RECTOR: /		226. SIGNATORE	0,		224. 1	DATE SIGNED
OR Berger S		July 13.	Andra	DEGREE PHYS	MED. STAFF DIRECTOR PHYS	1/13/69
AL AL O		22d. PHYSICIAN S NAME (Type)	0 1/	22e ADDRESS	2 4	21 01
ERA ERA d be		BUR (Type) OHA	y B. UMH.	AU 8803	Cont. Hoe.	hong l Hose
Page 4 may be retained by the haspital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be tiled with the State Dept af Health priar to burial, are	23		DATE 23c NAME O	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
<b>6</b>		Burial 1-		r Hill Cemetery	Suitland, Ma	ryland
VR ATE A	)	. FUNE <b>RAL</b> DIRECTOR	ADDRE:	SS 25a RFC	D BY REGISTRAR 9692SD REGISTRADS	S. C. S. C. L. C.
30M REV	X L	Lee Fun. Home	e-300 4th St.NE	Wash., D.C. DATE JA	411 2 0 1000 //	<i>U</i> •
	- Section					

ET

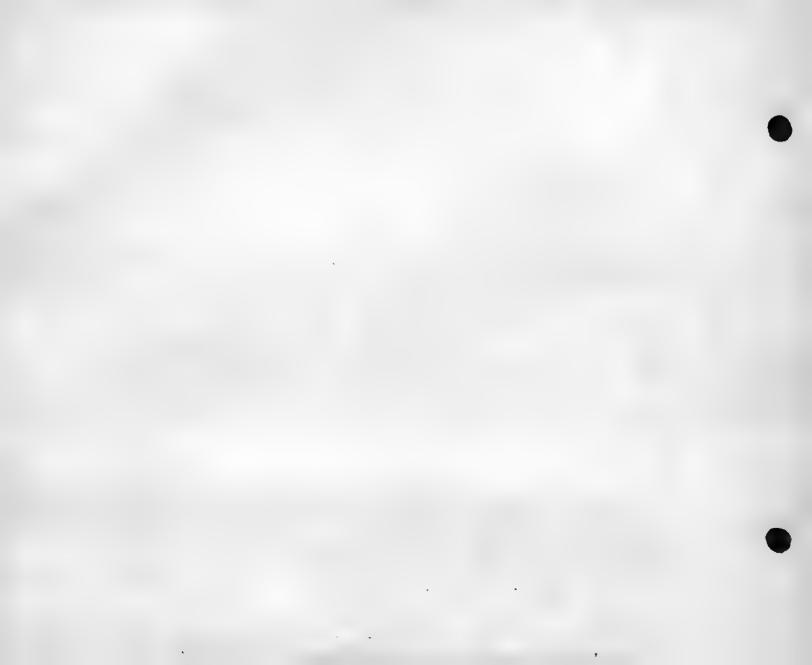
3126 # DIVISION OF VITAL RECORDS 301 W PRESTON STREET RALTIMORE MARVIAND 21201
THE RECORDS, OUT IT. I RESIDED STREET, DALITHOUGH, MARTEMEN 21201
CERTIFICATE OF DEATH 01260
1. DECEASED-NAME First Middle Last 22 DATE OF DEATH 125 HOUR
(Type or print) - Latine To Irita handle Imorth Day / Year 19 803
3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF STORE YEAR IN UNDER 24 HRS
3. SEX  4. RACE  5. DATE OF BIRTH  6 AGE (In years life-form YEAR In UNDER 24 HRS  last burthday)  YRS  VRS  VRS  4. RACE  1. UNDER 24 HRS  HOURS MINE
Tot RIPTUPLACE (Seate or former ) The CREATE OF WHIST COUNTRY?
Sountry OF DEATH OF WHAT COUNTRY OF MARRIED NEVER MARRIED DIVORCED WIDOWED DIVORCED WIDOWED HIS
TO STAN OF SOME OF SOME AND
IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most at warking life, event returned) INDUSTRY/
130 USUAL RESIDENCE (Where deceased lived, finishtation Residence before 13c (ITY OR TOWN) List ASSIDENCE (Where deceased lived, finishtation Residence before 13c (ITY OR TOWN) List ASSIDENCE (Where deceased lived, finishtation Residence before 13c (ITY OR TOWN) List ASSIDENCE (Where deceased lived, finishtation Residence before 13c (ITY OR TOWN) List ASSIDENCE (Where deceased lived, finishtation Residence before 13c (ITY OR TOWN) List ASSIDENCE (Where deceased lived, finishtation Residence before 13c (ITY OR TOWN) List ASSIDENCE (Where deceased lived, finishtation Residence before 13c (ITY OR TOWN) List ASSIDENCE (Where deceased lived, finishtation Residence before 13c (ITY OR TOWN) List ASSIDENCE (Where deceased lived, finishtation Residence before 13c (ITY OR TOWN) List ASSIDENCE (Where deceased lived, finishtation Residence before 13c (ITY OR TOWN) List ASSIDENCE (Where deceased lived, finishtation Residence before 13c (ITY OR TOWN) List ASSIDENCE (Where deceased lived, finishtation Residence before 13c (ITY OR TOWN) List ASSIDENCE (Where deceased lived, finishtation Residence before 13c (ITY OR TOWN) List ASSIDENCE (Where deceased lived, finishtation Residence before 13c (ITY OR TOWN) List ASSIDENCE (Where deceased lived) Residence (Where deceased lived) Residen
Odmission) STATE 13b COUNTY 13b COUNTY 15c 13c STREET AND NUMBER 13c 15c 15c 15c 15c 15c 15c 15c 15c 15c 15
14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
14. FATHER'S NAME First Unknown Middle Lost Is MOTHER'S MAIDEN NAME First Unknown Middle Lost
16a WAS DECEASED EVER IN L.S. ARMED FORCES? Yes no, or unknown].   (1 see of the proper person of the proper person of the perso
Yes no, or unknown) (1/ver gyle wolyto wolf oxferv. e) . 579-20-4432 } = 720-64
18 CAISE OF DEATH (Enter only one cause per line for (a), (b), and (c))  APPROXIMATE INTERVAL BETWEEN ONSE AND ORATH
TORKET DEATH WAS CAUSED DT.
MMEDIATE CAUSE (a) tepale coma. 2 days.
Conditions, if ony, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Landel Town and Consequence of the Conseque
rise to immediate couse (o), (D)
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)
9a. DATE OF OPERATION 19b. CONDINON FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
CAUSES OF DEATING
YES NO W CASSS OF DEATH?  210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2216 HOW INJURY OCCURRED. (Enter nature of injury to Port 1 or Part 2 Item 18.)
[If either, natify medical examiner] P.M. 19
While Not while 1
di work di wdik
22a. I certify that (I) (this haspital) attended the deceased fram 151, 1969, ta 16, 1969, that (I) (we) last saw the deceased alive an 1969, and that in (my) (bur) apinian death accurred an the date and haur and from the
causes stated abave, (I) (we) (d.d) (did not) view the bady after death.
22b SIGNATURE 22c, DATE 5 GNED
Faruk Ozer DEGREE PHYS DIRECTOR DIRECTO
22d PHYSICIAN'S 22e ADDRESS TIDE OF THE PHYSICIAN'S
NAME (Type) FARUR OZER ROCKVILLE MARYLAND
230 BURIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)
Creffa (1001) 1/20/1969 Cedar Hill Crematory Suitland Md.
24. FUNERAL DIRECTOR 1331 Rock Pike 250 REC D BY REGISTRAR 256 REGISTRARS S GNATURE
Tyson Wheeler Funeral Home Rockville, Md DANAN 21 19 June June June June June June June June



1			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
			CERTIFICATE OF DEATH
equires that the death certificate—be executed within 24 hours after death. physician. signed by the attending physidan sand completely filled in by the stranger burial-transit permit. Then please remove carbon papers. Rager I and 2	E0III.		CECASED-NAME First Middle Lost 20. DATE OF DEATH Year 26 HOUR You or pnnt) GUSSCO Year 155 M
	rer d	3 SE	A 14. TABLE IN THE STREET IN T
nours off	20	L	M Emicasion 623 15 last birthday) MONTHS DAYS HOURS MIN.
hour hour	0	7o 1	SIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 ed ii ed ii	7/ 6	10.6	ITY OR TOWN OF DEATH .   II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120 USUAL OCCUPATION (Kind b) work done   12b KIND OF BUSINESS OR
ithin y fill and a second	- A	\ \	give street address)   I during most of working life, even if retired.) INDUSTRY
d w letel	, E	130	USUAL RESIDENCE (Where deceased whed, if institution: Residence before   13c CITY OR TOWN   13d MS of CITY Limits?   13e. STREET AND NUMBER
omp	eve /	admi	ssion) STATE Maryland 13b COUNTY Montgomery Wheaton YES NO 11920 Valleywood Dr.
ğ ( g ( g	E /	14 1	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost
S S S S S S S S S S S S S S S S S S S	ם ב	160	Leonard Trupo Minnie Mike  WAS DECEASED EVER IN U.S. ARMED FORCES? 116b SOCIAL SECURITY NO 117 INFORMANT Address
requires that the death certificate—be executed within 24 hours g physician.  I signed by the attending physician sand completely filled in by build-transit permit. Then please remove carbon papers.	<u>,</u>	100. Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  (It yes give wor or dates of Service)
cert There	200		APPROXIMATE INTERVAL
eath andir	9 10		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) All the services with the services and death  The services of the services with the services and the services of the services and the services are the services and the services are the services and the services are the services
afte afte	ů.		1890) DUE TO, OR AN A CONSEQUENCE OF
of the	E E		Conditions, if any, which gave ) rise to immediate couse (a), (b)
s th ician.	, cre		stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF
quire physi igne	2		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ing l	0	I N	
e lay tend tend		CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
: The per second	E X	ERTE	YES NO CHOSES OF DEATH?  210. ACCIDENT WAS UNDERLYING   21b. Time OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem 18.)
ifical for	2	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
TENDING PHYSICIAN: med by the hospitol or NR. After this certificate	o	ME O	21d INJURY OCCURRED 21e, PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f IOCATION Street or R.F.D. No. City of Town County State
this this deto	e ⊃		at work at work
by Afrer	2101		22a. I certify that (1) (this haspital) attended the deceased from 1965, dog hat in (my) (aur) apinian death occurred an the date and haur and from the
ined ined ould	=======================================		causes stated above, (I) (we) (did) (did nat) view the bady after death.
reto A	<b>*</b>		22b. SIGNATURE ATTENDING MED STAFF 22c DATE SIGNED
L OR be r	9		DEGREE PHYSICIANS  DEGREE PHYSICIANS  DEGREE PHYSICIAN S  1220 ADDRESS  A  1220 ADDRESS  A  1220 ADDRESS  A
mo)	8		NAME (Type) BLAIN EHE G PO Deng in me Down w
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician director, page 3 should be detoched for use os the burial-transit permit. Then pages 15 the control of the pages 15 the pa	550	23o	BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 F	TS .		REMOVAL (Specify) Jan. 8, 1969 Gate of Heaven Silver Spring, Md.
VR A1 30M REI	15 (4)	24_	FUNERAL DIRECTOR John 500 Centadoressity Blood W 250 RECID BY REGISTRAR SIGNATURE January Mal DATE AN 9 1969 VICTORIAN June
JUM RE	()*/		planers feath selver spring me Date 1 3 1303



	E				EPARIMENT OF HEA			
	П	0400	DIVISION OF VITAL RECORDS	5, 301 W. PRI	STON STREET, BALTIMO	RE, MARYLAND 21201		
		3126.,		CERTIFICA	TE OF DEATH		1262	
₹ -2 <del>1</del>		ECEASED NAME First	Middle		Lost 2	D. DATE OF DEATH	2b. HOUR	R
death death		Type or print) Spira	5 ANDREW	12	AFFERIS	JAN-	Doy Year 730	М
قَ مَ مَا فَعَ	3 9	EX /	4. RACE		. DATE OF BIRTH	6. AGE (In veors	F JNDER I YEAR F UNDER 24 HR	₹§.
其/異態	L	Male	White		MARCH 15	1886 182 YE	MONTHS DAYS HOURS ME	:N
on on	70.	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED D	LNEVER MARRIED 9. C	OUNTY OF DEATH		_
d n d n pers		GREECE	CANADA	WIDOWED	DIVORCED 🗌	MONTGOM	ery	Md
and	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSP TAL OR give street oddress)	NSTITUTION (If not	in hospito 120 USUAL OC	CUPAT ON (Kind of work dor	OF KIND OF BUCINESS OF	
with Son	_	Kensington	KPA15/71A. TA	N GORden	13 SANIT TES	f working life, even if retired	) INDUSTRY	
omplet ve con event,	13o	USUAL RESIDENCE (Where deceos	ed lived, if institution Residence before		OWN ISH INSIDE CITY LIMITS?	13e. STREET AND NUMBER		_
ate be executed completed on and completed on the condition on the conditi	L	MARYLAND	MONTGONER;	, Silver S		8401 CedAR	Dr Silverdprin	Va
be exected and confirments	14	FATHER S NAME First	Middle Losf	15 !	NOTHER MAIDEN NAME First	M.ddle	Lost	V
ate be	Ļ	HNdReu		315		ricke	TOTHAKA.	5
rhificate b phys cion en pléase oval, ond i	100	WAS DECEASED EVER IN U.S. ARM	NED FORCES? (16b. SOCIAL SECURITY or or dates of service) 215-38-6	20	ORMANT	Address	- "ony and	
ph)	-				ere Fratteria	8110! Coda+		h
# in the second		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	y one couse per line for (a), (b) and (	:))	1.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
deat remoternation		MMEDIA	TE CAUSE (0)	2 4.19	Mark		10 dle 370	
he at per		Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE O	5 /7	1 / / .	/ ,		
the rhsrt mod		rise to immediate cause (a),	(b) Teft	felologi	and part	serl	10 alaszo	_
s that the death cerion. Joby the attending p -tronsit permit. The		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O		1/1/2	7 10 10 1		
equires physicio signed I bur al-tr burial, c		last )	(c) fires	- partie y	win frem	116 6 Eller	1 minero	
Par		PAKT Z OTHER SIGNIMCANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)	<i>V</i>	
low re nding been s the ior ta	0.00	190 DATE OF OPERATION 196.	CONDITION FOR WHEEL COSDATION WAS	FDFGDMFD				
The to otten hos to ke as the pride	E	170 DAIL OF OPERATION 170, 1	CONDITION FOR WHICH OPERATION WAS F	EKPUKMED	20a. AUTOPSY?	CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING	
and	CERTIFICATION	210 ACCIDENT WAS UNDERLYIN	G 216 TIME OF INIURY	Cal. How	YES NO		a li 101	_
IAN ficol for for He		COR CONTRIBUTING COLCAUSE OF DEATH	HOUR AM Month Day Yea	r ZIC HUW	INJURY OCCURRED (Enter note	re of injury in Port I or Port	2, Item 18.)	
renti hed t. of	MEDICAL	(If either, notify medical exominated 11a. INJURY OCCURRED 21e.		19 ETORY 1 OF LOCK	TION Charak or D.C.D. Mr.	Ch T	f	_
PHYSICIAN: The low requires that the death certificate be executed within 24 hours at the hospital or ottending physicion.  his certificate has been signed by the attending physicion and completed fulled in by the stacked for use as the bur al-tronsit permit. Then please remove cases in propers Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours of		While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC	ALIONIA, ZIT LUCA	NION Street of K.r.D No	City or Town	County State	
NG V th e de ote		22g   certify that (1) (thi	s hospital) attended the decon	sed from	100 to	to 1/2 112 /2	10 60 that (I) (was b	
Afr d b d b d b d b		saw the deceased al	s hospitel) ottended the deceo	19 <i>69</i> , and t	hot in (my) (our) opiniar	death accurred on the	date and hour ond from t	usi he
O S C C C C C C C C C C C C C C C C C C		causes stated above	, (I) ( <del>we)</del> (aid) (d <del>id no</del> t) view thi	body after de	ath			
referrence with with		22b SiGNATURE	14 11 -11		ATTENDING MED	STAFF C	RE DATE SIGNED	
be ge		J smes	11. flemill,	DEGREE	PHYS DIRECT	OR PHYS.	-12-69	
ITA moy RAL per		22d PHYS CIAN S NAME (Type) Some of	47. Ki ble, M.D.		22e ADDRESS 480/JEA	rais line S.	ilus Spang, 2	1
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifica Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the bur al-tronsit permit. Then physicially the State Dept. of Health prior ta burial, cremation, ar removal,	22.			COMPTEN OF T			/ / //	=
1 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	230	BUR AL CREMATION, 236 D		CEMETERY OR CR	ato: Cemeteru	LOCATION (City or Town)	(County) (State)	
5-5	24	FUNERAL DIRECTOR III Pee	Linky ADDRES	s II Spa	LOUIS EMPACALL	GISTRAR 256 REQUERRA	ser, Maryland	_
VR AV9 41 45M X1 69			rey 5 7 611311 Go	orgia Au	PIT 18 DATE	6 1333	artis Just 25.	



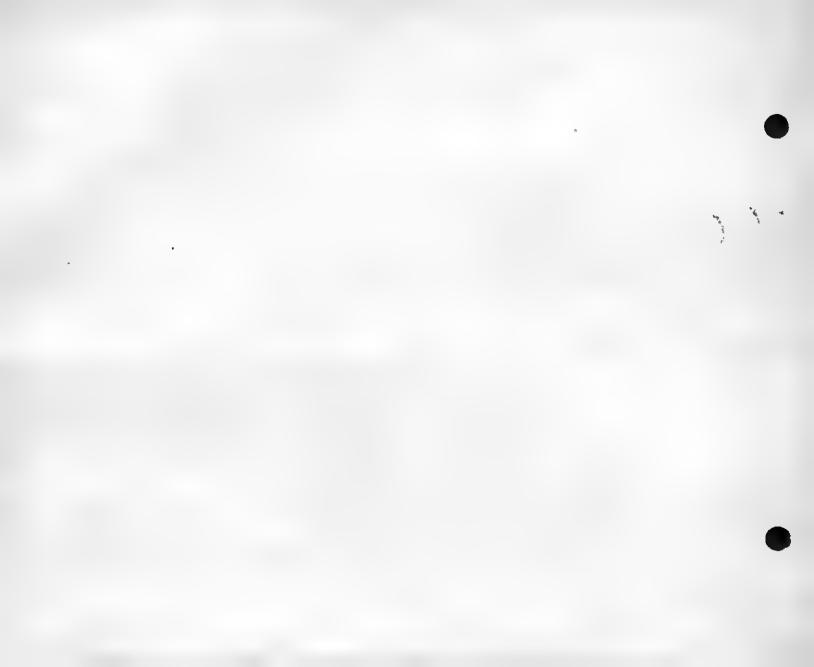
_			DIVISION OF V		D SIMIE DEPARTMEN			240	0.5
21	L	400"	DIAISION OF A		301 W. PRESTON STREE CERTIFICATE OF DE		MAKILAND ZIZUI	712	63
		126:					Tr Af BEITH		Tot House
· · · · · · · · · · · · · · · · · · ·		CEASED NAME First ype or pont)		Beetha	Last		TE OF DEATH  Manth	1969 1969 Tear	2b. HOUR
e 5 e		MA'	TTIE	KACKERCE	VEREIDE		nuary 30	1969 F JNOER 1 YEAR	9:30 Mg
frer e fu es T	3 SE		4 RACE		S. DATE OF BURTH		6 AGE (In years lost birthday)	MONTHS DAYS	MOURS MIN
rs a page	-	female	White		June &k		<b>\$</b> ₹ 8248	5.	
yd r	7a. E	IRTHPLACE (State or foreign	76 CITIZEN OF WHA		8. MARRIED CONEVER MARRIEL	, , , , , , , , , , , , , , , , , , , ,	TY OF DEATH		
24 the driving person 72		wisconsin	United St		WIDOWED DIVORCED	1,	tgomery Cou	inty,	Md.
equires that the death certificate be executed within 24 hours after death physician. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and burial, crematian, ar removal, and in any event, within 72 haurs after death	19. C	Olney	give str	ne of Hospital or in	STITUTION (If not in hosp.tal eneral Hospita	during most of wo	ATION (Kind of work don rking life, even if retired	12b. KIND OF INDUSTRY	home
erel orbo	13o.	USUAL RESIDENCE (Where deceos	ed lived, if institution	n. Residence before	13c CITY OR TOWN 13d	INSIDE CITY LIMITS?	3e. STREET AND NUMBER		
m bl	odmi	ssion) STATE Maryland	13b. COUNTY MOI	ntgomery	Silver Spring	S NO 🖳	3360 Chiswi	ick Court	
nd cam emave any ev		ATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDE	N NAME First	Middle		Last
E E E		#81M	N. L.	Hanse	n		(Unknown)		
cian cian and	160.	WAS DECEASED EVER IN U.S. ARA	NED FORCES?	6b. SOCIAL SECURITY	NO. 17 INFORMANT		Addre 394	January Colored	DENOMINE.
nific ohysi on pl	_ y	es na or unknown) (If yes give w	ar ar sales of service)	les	Milton B.	Vereide	1216 Perki	na Hughu	e N W
The The		18. CAUSE OF DEATH (Enter an	ly ane cause per line	for (a), (b), and (c)	10 11		1		DNSET AND DEATH
eath ar re	П	PART I. DEATH WAS CAUSEI IMMEDIA	) BY. NTE CAUSE (o)		(ercbra)	1 hro	NDESIS	3	duys
atte on,	П	4330	DUE TO, OR AS	A CONSEQUENCE OF	Λ 1	1			
the sit position		Conditions, if any, which gave a rise to immediate couse (a),	(b)		Arterios	MErosi	5	4 6	200
tha an. by ran cren		stating the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF			*	) '	
sicion side		lost.	(c)						
equí sign buri		PART 2. OTHER SIGNIFICANT COM	1	NG TO DEATH BUT N	OT RELATED TO THE TERMINAL DI		1 1 1	isease	
law re nding been s the iar ta	No.	190 DATE OF OPERATION 119h	CONDITION FOR WHIC	U ODERATION WAS DE			206 IF YES WERE FINDING		FRTIFYING
The after has se a h pr	CERTIFICATION	170. DATE OF OPERATION	CONDITION FOR WINC	U OLEKWININ MYS LI	YES 🗍		CAUSES OF DEATH?	S CONSIDERED III	
YSICIAN: 1 aspital ar certificate ihed far ust. of Healt		21a ACCIDENT WAS UNDERLYIN				RED (Enter noture o	of injury in Part I or Part	2, Item 18.)	
A 当場を出	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical exomi	HOUR A.M.	Month Day Year	9				
PHYSIC ne haspi this certi etached Dept. of	M.	214 INTHIDY OCCUPATO 115	PLACE OF INJURY (	AT HOME, FARM, STREET FA	CTORY.) 21f LOCATION Street of	r R.F.D. No.	City or Town	County	State
be he		at wark at work				1.1	6 2	10	
ING by the iter		22o. I certify that (I) (th	is hospital) <b>e</b> fter	nded the deceos	ed from	_ , 19 , 1	o Jan 30	19, that	t (I) (we) last
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for a shauld be filed with the State Dept. of Hea		saw the deceased a couses stated above	live an e, (1) (we) (did) (d	did not) view the	bady after deoth.	(our) opinion de	eoth occurred on the	date and haur	and fram the
Special Specia		22b. SIGNATURE				MED	STAFF C	22c. DATE SIGNED	1
OR DIRE	1	Youth	sest a	- Jala	DEGREE PHYS	DIRECTOR	PHYS.	1/30	169
TO HOSPITAL Page 4 may 1 O FUNERAL D director, pag shauld be fill	1	22d. PHYSICIAN S NAME (Type)	Lad A	. VAT	22e. ADDRES	S PLI	EY MI	,	' /
SPI 4 n fd b	_	/0.10	Navac 1			I m L L	DCATION IC. 7	<i>(C -1.)</i>	/F2-hel
HO age	23a		DATE -1969		cemetery or crematory  were Cemetery		OCATION (City or Town)	(County)	(State)
5 5 5	04	Striketh DIDETED	Glen Car	Anner	il. Spr., Md. 25	ia REC'D BY REGIST	RAR 256 REGISTRA	AR'S SIGNATURE	/ Tid.
VR A15 (A)	91	BANGA & Dumb	tou Our	811311 6-	rgia Avenue Flo	A 5 100	o volume		
Sold VES. 140	LW	arner L. Pumph	vey, The.	04)4 Yed	ryra nvenue TIL	A 197	N /F	1	

, s

MAKYLAND STATE DEPARTMENT OF HEALTH



1		1269 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1265
		CERTIFICATE OF DEATH	1205
deoth.		DECEASED NAME ARM STEAD LEE WALKER 20 DATE OF DEATH Mapth Day	26. HOUR 6 19. M
requires that the death certificate be executed within 24 hours after death g physician.  In signed by the ottending physician and completely filled in by the frequent a burial-transit permit. Then please move carbon papers.  In additional of the death of the please move corbon papers.	<u> </u>	MALE NEGRO S. DATE OF BIRTH 3/25/01 6. AGE (In years last bightay) YRS. MONTH	DER I YEAR IF JAIDER 24 HRS S DAYS HOURS MIN
24 houd in b	(au	8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH without 15 . What country?  8 MARRIED NEVER MARRIED 7. COUNTY OF DEATH widowed Divorced 7. County Married 7. Coun	≺ Md
ed within 24 ho	10. (	CITY OR TOWN OF DEATH  The definition of HOSPITAL OR INSTITUTION (if not in hospital and interpretation)  The definition of work done and during most of working if even if retired.)  The definition of working if even if retired.)  The definition of working if even if retired.)	KIND OF BUSINESS OR DUSTRY
ecuted within 24 completely filled ove corbon paper y event, within 7	adm	USUAL RES.DENCE (Where deceosed lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIGE CITY JAMITS? 13e STREET AND NUMBER 13sissan) STATE 13b. COUNTY De. 12256 YES NO	
cion and and and and in on	14,	FATHERS NAME First Middle Last IS MOTHERS MAIDEN NAME First Middle  Andrew Jackson Walker Yetta Drown	Lost
physician and cre physician and crep please the please the coval and in one	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) ("yes give war or dates of service)   16b. SOCIAL SECURITY NO   17 INFORMANT   /a shington, D.C. Address   17 St.   17 St.   18 St.	. N.W.
Gentle Ge	F		APPROXIMATE INTERVAL
ie death cei ottending p permit. The		18 CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  ENCEPHOLOM ALACIA	BETWEEN ONSET AND GEACH
the de off		Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF THROM BOSIS  (b)  CENCER RAL THROM BOSIS	
that than the by the ransit		rise to immediate cause (o), storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF A REPORT OF CHEROSCLEROSIS	
equires th physician signed by burial-tra burial, cre			
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
PHYSICIAN: The law requires that the death certifing thospital or ottending physician. his certificate has been signed by the ottending phy stached for use as the burial-transit permit. Then Dept. of Health prior to burial, cremation, or removal	CERTIFICAT (	190. DATE OF OPERATION 196. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 2016 IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH?	
HYSICIAN: hospital or certificate treed for u	MEDICAL CE	210 ACCIDENT WAS UNDERLYING 215 TIME OF IN. JRY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18 HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M. 19	8.)
PHYS he hos this ce letache a Dept.	W	21d IN.JRY OCCURRED 21e PLACE OF INJURY (AT NOME FARM STREET FACTORY.) 21f LOCATION Street or R.F.D. No City or Town Cou	
ENDING ned by th R: After I LId be d the Stote		22a. 1 certify that (1) (this haspital) ottended the deceased from 19 31, 1961, ta 1/24, 19 69 sow the deceased once on 19 57, and that in (my) (our) opinion death occurred on the date on source stated above.	, that (I) (we) last
ATTENI retained retore: /		causes stated above, (1) (we) (aid har) view file body diter decisi.	
OR A be ret be ret of seed will be		226 SIGNATURE  Converse Commenter in Opegree Phys Director Director Phys. Director D	4/69
Poge 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, poge 3 should be detached for us		22d. PHYSICIAN'S LAWRENCE R. CANNADAY 3632-CEORGIA AVE. a	iw.
TO HOSPITAL Poge 4 may   TO FUNERAL C director, pog	23 o.	REMOVALISMENT 1/27/69 Lincoln Liem. Cemetery Suitland, l'arylan	unty) (State)
OM RE SILOB	22/	FUNERAL DIRECTOR STEED 1821-9-5910 P.C. 250 RECD BY REGISTRAR 286 REGISTRAR'S SIGNAL PROPERTY OF THE PROPERTY OF THE PROPERTY SIGNAL PROPERTY OF THE PROPERTY	



W. PRESTON STREET, BALTIMORE 1, MARYL DIVISION OF STATISTICAL RESEARCH AND RECORDS OF DEATH 912:0 2. USUAL RESIDENCE OF 1. PLACE OF DEATH and lived. If institution, Residence before admission) .. county L COUNT! an extension . . . Birginia MARYLAND b. CITY OR TOWN lif outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Suburban Hospital 24.00 S. Inge Street YES NO T 3. NAME OF 4 DATE Middle DECEASED Ernest 1969 Walker DEATH Jan. 31. (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR) JE UNDER 24 HRS lest birthday) Months male WIDOWED [ DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired)
ASSIT CIPECTOP OF Blue Springs. Mo. National Zoo 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Elza J. Walker Avis Pillsbury 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO (Yes, no, or unknwn) | (If yes give war or dates of service) Winifred W. Leering same as #2 ńo 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BÉTWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION 10 MIN IMMEDIATE CAUSE (a) DUE TO ARTICRICSCLEROTEC HEART DESEASIL Conditions, If any, which pava rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO IT 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part ( or Part 1) of tem 18.) 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) Month, Day, Year lactory, street, office bldg , etc.] Hour a.m. Not While at work 21. I certify that (I) (this hospital) attended the deceased from ... No.Va. ......., 1956 to ... JAN 31...., 1969, that (I) (war) last saw the deceased alive on ... JAN. 28. . 1965 ..., and that death occurred at 1020 A. From the causes and on the date stated above. 22m SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS GIL IGH ST NIW, 22c. PHYSICIAN S NAME (Type) WAS HENGTON, D.C., 20006 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Anatomical Board 2/1/69 George Washington Unversity School Wash, L.C. 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 [4] nes Company Washington. Millianta, Inda ISM 7-62

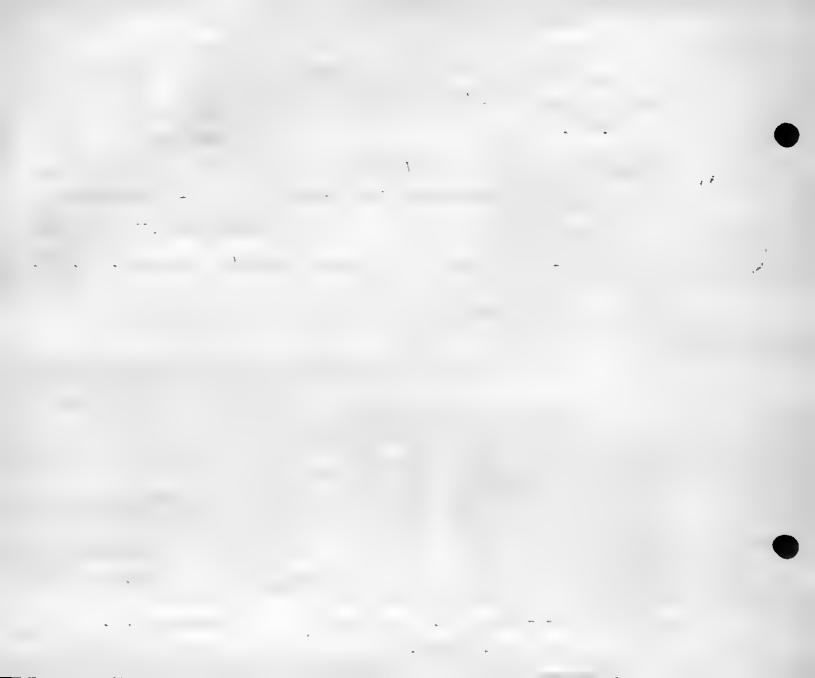


	IT tems 18-22a Film 409 MARYLAND STATE DEPARTMENT OF HEALTH 2-7-69 ams Division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201 3-1-2-7: MARDICAL EVANABLED'S CERTIFICATE OF DEATH	
FOR STATE	3127 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	ng m
HEALTH DEPT.	1 DECLETO NAME	ear 2b, нОИР
delay and 3 M3 Pa	3 SEX 4 RACE S DATE OF BIRTH/ 6. AGE (n years F UNDER YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN Month — Wear (1) YES	69 420
e Depart	70 BIRTHPLACE (Stote or foreign Country) 5, C. TITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED OF THE GOVERNEY OF DEATH WIDOWED DIVORCED WIDOWS OF THE GOVERNEY	<del>/ A</del>
decth e Page with 1	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working I fe, even if retired)  12. USUAL OCCUPATION (kind of work to give street oddress)  12. USUAL OCCUPATION (kind of work to give street oddress)  13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working I fe, even if retired)  13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working I fe, even if retired)	OF BUSINESS OR
TB GIVE	13a JS. AL RESIDENCE (Where deceased I ved, if institution Residence before 124 CITY OR TOWN 13d. ANSIDE CITY LM IS? 13e STREET AND NUMBER SHEET AND NUMBER SHE	F
	14 FATHERS NAME First Middle Lost IS. MOTHER'S MA, DEN NAME First Middle	Lost
hin ninel ninel page hau	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyes give wat or dates of service) (Hyes give wat or dates of service) (Cleveland Wallace 1609 Madisons)	Bar were
executed with moding" in permit Exam permit File nt within 72	18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c))  PART I DEATH WAS (AUSED BY	DXIMATE INTLKVAL N ONSET AND GEATH
X Z Z Z Z	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave )  Crisis precipitated by overdose of	
wa wa the rial	rise to immediate couse (o).  stating the underlying couse   DUE TO, OR AS A CONSEQUENCE OF    lost   Several drugs, suicidal.	
icate shing the ded to a	PART 2 OTHER S.GN.FICANT CONDITIONS CONTRIBLTING TO DEATH BLT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART I(0)	
s certif e, writh farwar e used emava	WAS PERFORMED?	UTOPSY?
fiffication of the bid by the bid by the bid	PRIMARY MOR CONTRIBUTING HOUR A.M PM 1-1 1969 Deceased, defressed, took overdor of drugs.	
XAMIN ute the ige 4 sl yaur fi yaur fi Page 3	WHILE AT WORK AT WORK AT WORK (IN foctory, office building, etc.) Motel Wheaton Montg.	State Md.
_ s d s d o	220. I certify that I took charge of the remains described above, held on Autopsy Inspection II, Inquiry ond death resulted from. Notural causes II, Academi II, Suicide III, Hamicide III, Undetermined manner III	in my opinior
º	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER (226 DATE SIGNED)	
DEPU ressa e fun may l FUNE	EXAMINER'S BELDEN R. READ M.O. ADDRESSIVE STATES COUNTY) JAN. 9, 1	969
57 g = 2 5 7 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	230 BURAL REMATON REMOVAL (Specify) 23b DATE 23c NAME OF CEMETRY OR CREMATORY 23d AGGATION (City or Town) (County)	(Stote)
VR A15A4E (5)	24 FUNERAL DIRECTOR Latines Famer as ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR S & GNATURE SALES SA	ege.

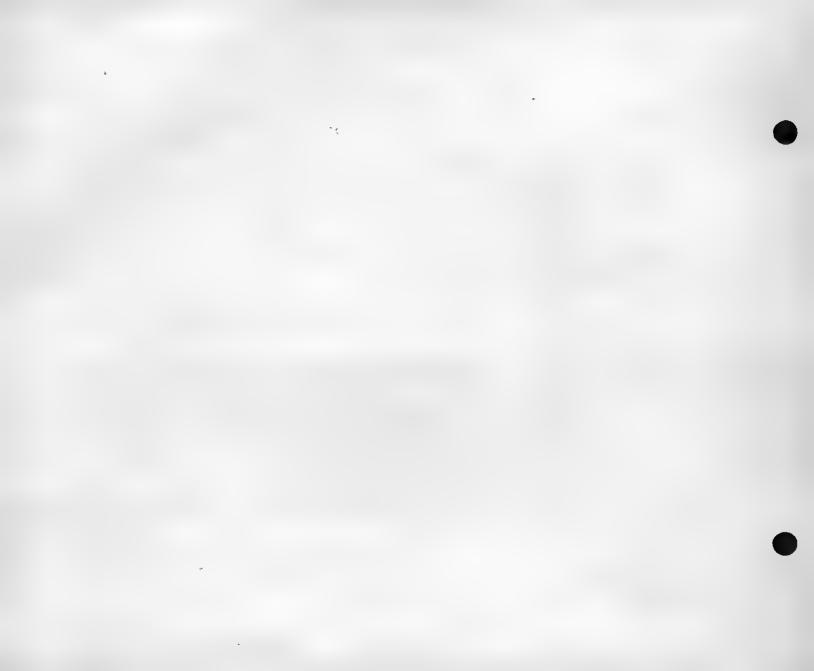


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31268 **IOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME Middle Last 20. DATE KNOWN Day (Type or Print) ESTI-0F 3 RANK Henry Walls ond 2 with the State Department of DEATH MATED 6 AGE (In years F JNDER I YEAR IF UNDER 24 HRS. 3 SEX 4. RACE 5. DATE OF BIRTH 2c DATE PRONOUNCED DEAD last birthday) White Male 13au 70. BIRTHALE (State or lore on country) Wash. 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Office along with form WIDOWED DIVORCED [ Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (If not in haspita 12a USUAL OCCJPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life, even if retired) NOUSTRY give street address) Silver Spring Richmond Ave be executed within 24 hours ofter 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LANTS? 13e STREET AND NUMBER odmission) STATEMaryland 136 COUNTMontagnery 814-Richmond Avenue Silver SpringES X NO after 14 FATHER'S NAME Middle Last Walls Clau Henry hours 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (Yes, no ar unknown) (If yes give war or dates of service) Richmond Ave. S.S. Daisy A. within 1B CAUSE OF DEATH (Enter only one couse per lipe the certificate, writing the word "pending" in a should be farworded to the Chief Medical "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Conditions, if any, which gove rise to immediate cause (a). certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse = PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) removol, CERTIFICATION nsed 190. DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES [ pe 5 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21f LOCATION Street at R.F.D. Na. 21e. PLACE OF INJURY (At hame, farm, street, City or Town Equaty State foctory, office building, etc.) FUNERAL DIRECTOR: Poge AT WORK 22a I certify that brook charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted from: Natural causes Accident Hamicide ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE moy ro FUNE Heolth NAME (Type BURIAL, CREMATION 23b DATE LOCATION (City or Town (County) REMOVAL (Specify) Olivet Cemetery 2-3-1969 Washington 2So REC'D BY REGISTRAR VR A15ME (5) 1969 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  127. MEDICAL EXAMINED'S CEDITIFICATE OF DEATH	
FOR STATE	_	MEDICAL EXAMINER S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED-NAME First Month Day Year 20 H Type or Print)   A E L E N  Myddle Vear 20 H  OF ESTI- DEATH MATED   1-7 1595	HOUR
delay i and 3 to M3. Pog rtmento	3 5	To June 4'99 67 yrs   Grunder 14 199 67 yrs   Hours Min   Manth   Doy   Year 169 5	HOUR 4/3
1, 2, m P Depo	7o 1	BIRTHPLAGE (Stoje or foreign 76 CITIZEN OF WHAT FOUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	7
ooth The footh		TITY OR JOWN OF DEATH II NAME OF HOSPITAL OB-INSTITUTION (If not in hospita   120 USUAL OCCUPATION (Kind of work dane   12b KIND OF BUSINESS C	OR Mc
the de	130	Silver Afring give Teepaddress) Slego Que during mast of working life, even if retired.) INDISTRY Goult USUAL RESIDENCE (Where deceased lived, if institution. Res dence before 13/CITY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER	
a, a	0	dmission) STATE MU 9 136 COUNTY Martgam BTL SPR YES NO 1 735 Sligo Clorence	2_
24 hours in Item is office is offer of		Patric' Kelly Catherine Owens	
I within 24 in pencil in Exominer's Exominer's File pages in 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  [AGE, no, or unknown] (If yes governor or dottes of service) 577-01-0372 D. M-1. Mary C. Matosia: 11816 College lie.	, Ma
hould be executed in ward "pending" in the Chief Medical Exurial-tronsit permit Film any event within		18 CAUSE OF DEATH (Enter only one cause per type for (a), (b), ond (g))  PART 1 DEATH WAS CAUSED BY  IMMIDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave  (b)  Learnery  Cartery  Conditions  Conditions	
V 0 0 0		rise to immediate cause (a). Stating the underlying cause last  OUE TO, OR AS A CONSEQUENCE OF  Lost  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
on so	NO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY?	
0 = - 2	CERTIFICATION	WAS PERFORMED?  YES NO	X
== = 0	MEDICAL CE	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 PRIMARY OF COURRED (Enter nature of in Jry in Part 1 or Part 2, Hem. 18.)	
KAMINER: te the certi ge 4 should four files oge 3 shou cremotion,	ME		tate
ccat Execution. Poged for y		220. I certify that took charge of the remains described above held an Autopsy, Inspection Inquiry, and in my opi	inion
please director etaine DIREC		ACTUAL CHIEF MEDICAL EXAMINER	
UTY, 1017, 1		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	7
O DEPUTY necessory, the funero 5 may be O FUNERAI Heolth pr	230	NAME (Type) DELDEN Y. APP M. DADDRESSTRE CLYCLOSTICS (City or Town) (County) (Stote)  BUR AL (REMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)	<u></u>
		REMOVAL (Specify) 1-10-69 Arlierton National Ce. Arlierton Virginia	
VR A15ME (5)	24	FUNERA DIRECTOR M 7 dre Divay. MADRESS MADRAN 10 1969 250 RECUBIRAR SIGNATURE	,
TUN KEY 1700	L	/ / / / / / / / / / / / / / / / / / /	



4	1	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
*		0127 ·* CERTIFICATE OF DEATH
년 - 2년 - 2년		ECEASED NAME First Middle Lost 20. DATE OF DEATH 25 HOUR
death.	1	Type or pont). BeTV Was BeTV UAV JAN Month 5-Doy 1969 803 M
2 T E	3. S	
₽ PESE	12	-emple CAUCASIAN 7-5-26 lost birthdoy) AVS HOURS MIN
		BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARPIED 79. COUNTY OF DEATH
in ho	COU	MISSOURI U.S.A. WIDOWED DIVORCED MONTANNER MA
nin 24 filled pape Ihin 7	10.	CITY OR TOWN OF DEATH 111 NAME OF HOSPITAL OR INSTITUTION (If part in hospital 12a, USUAL OCCUPATION (Kind of work done 128 KIND OF BUSINESS OR
	15	INDUSTRY Spring give street oddress) HOLY CROSS during most of working life, even if retired) INDUSTRY
d v d v cort.	13a	USUAL RESIDENCE (Where deceosed Wed, if institution Residence before 13c, CITY OR TOWN / 13d INSIDE CITY CHAPTS? 13e STREET AND NUMBER
completely ove corbon y event, wi	odm	135 COUNTY ON GOOD ROCK VILLE YES NO 13125 BEAVER LENDACE
exe any	14,	FATHERS NAME Pirst Middle Lost IS MOTHERS MA DEN NAME First Middle Lost
be ey and and lin ar	П	William Adams Lillian (Unknown)
e o s	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT HIS DATE Address
physician en please		(e no or unknown) (t yes give wor or doles of service) Myron R. Way Same as Item 13.
he death certic catending phy permit Then jan, or removal		18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))
ath ndin if	П	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CENEURAL HEMORRIAGE FEW HOURS
de n, o		DUE TO, OR AS A CONSEQUENCE OF
it the children is the childre		Conditions, it any, which gave) - ONITT NY (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
that an. by th rans		rise to immediate couse (o)
ician Para L'an L'an		stating the underlying couse DUE 10, OK AS A CONSEQUENCE OF (c)
equires physicic signed burial-ti burial, c		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	l	NONE
ndir bee s th	1 j	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
: The law r r attending e has been use as the bilth prior ta	CERTIFICATION	YES NO NO CAUSES OF DEATH?
t et t		21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
to to the first of	3	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year
rspi aspi cert hed t. a	MED	21d IN., RY OCCURRED 121e, PIACE OF INJURY (AT HOME FARM, STREET, FACTORY, 1) 21f FOCATION Street or R.F.D. No. City or Town County State
TENDING PHYSICIAN: The law requires that the death certified by the haspital or attending physician.  R. After this certificate has been signed by the attending physolot be detached far use as the burial-transit permit. Then put the State Dept. of Health prior to burial, crematian, or removal.	L	While Not while of work at work
Application of the property of		22a, I sertify that (1) (this haspital) attended the deceased from 12/27, 19/a (to 1) (1) (we) last
NDI Po Po Po Po Po Po Po Po Po Po Po Po Po	П	saw the deceased give an 15 19627, and that in (my) (pat) apinion death accurred an the date and hour and from the
OR PLANTE	П	causes stated above, (1) (we) (did) (did nat) view the body after death.
ret ret with with		22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
DIE PE	1	Jawlince D. Marcus, DEGREE PHYS DIRECTOR PHYS 1/3/6/
ZAL Poor Poor Poor Poor Poor Poor Poor Poo		22d PHYSICIANS NAME (Type)  LAWRENCE D. MARCUS  22e ADDRESS  Wheaton, Maryland
Page 4 may be retained by the haspital or attending physician.  Page 4 may be retained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. af Health prior ta burial, creen	22-	
S S S S S S S S S S S S S S S S S S S	230	Burial, (Remation, 23b. date 23c Name of Cemetery or (Rematory 23d location (City or Town) (County) (State) remation 1-6-69 Cedar Hill Crematory Suftland, Maryland
5 5 5 2 4	24	FUNERAL DIRECTOR ADDRESS 250 REC D RY REGISTRAR 256 GRAWRE
VR A15 (4) 30M REV 1764	R	OBERT A. PUMPHREY, Bethesda, Maryland DATAN 9 1969 256 REGISTRAR ACCOUNTS ADDRESS TRANSPORTED TO THE PROPERTY OF THE PROPERTY ACCOUNTS ADDRESS TRANSPORTED TO THE PROPERTY OF



1 . ~ 1	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	71
HEALTH DEPT.	1 DECEASED NAME / First Middle Lost 20 DATE KNOWN P Month Do	by Yeor 2b HOJR
M D 0, 250	(Type or Print) Jahn & Wease DEATH MATED   Jan 2	7 1869 420 M
5 2 2 E	3 SEX SARACE S DATE OF BIRTH 6 AGE (In years I FUNDER 1 YEAR FUNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
2, and 2, and PMI	male White 9-7-20 48 YRS 520 27	Yeor 1969 4 PM
7, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	70 B RTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	, —
at State at	Mullima (1)/4 MIDONED DIVORCED 1 10 10 10 10 10 10 10 10 10 10 10 10 1	Excep Md  KHND OF BUSINESS OR
hours after death tern 18. Give per Office along with and 2 with the Sta after death		DISTRY.
hours after d Item 18. Give Office alang land 2 with th	130 USUAL RESIDENCE (Where deceosed ived, finstitution Residence before 13c CITY OR TOWN 3d INSIDE CITY LM TS? 13e STREET AND NUMBER	a actual
s often 18. Gri e alang 2 with death	odmission) STATE Md 136 COUNTY Mont Godowelle YES NO R & 1 6.	12148
hours Item 18 Office 1 and 2	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 Jin Hiris Criss Cours and Triss a	John W Wess nellie	Kodguas
th n 24 mool in miner's pages hours	160. WAS DECEASED EVER IN U. S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS ACT (If yet give wor or dares of service) 231-03-0446	ne as stone
should be executed wr ne word "pending" in pe to the Chief Medical Exar burial transir permit. File I in any event within 72	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)).	APPROX MATE INTERVAL
outec ng' ng' mit.	PART I DEATH WAS CAUSED BY  HMMEDIATE CAUSE (a)  Legati Death WAS CAUSED BY  HMMEDIATE CAUSE (a)	Provides
execondir Mec	57/0 DUE TO, OR AS ASONSEQUENCE OF	٠٠٠/)
be be hief ansi	(conditions, if ony, which gove ) (b) taonnies Canhosio of the fiver -	Munik -
ould vord he C rol tr	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	· Men
s shi he v ta t bur d in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	<i></i>
Ty Solical EXAMINER: This certificate should be executed within 24 hours after y, please execute the certificate, writing the word "pending" in pencil in Item 18. Giveral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along be retained far your files.  **AL DIRECTOR: Page 3 should be used as a burial transit permit. File pages 1 and 2 with the priar to burial, cremation, or remaval, and in any event within 72 hours after death	1. 6 - and Theomhisis a Herman Partinein Secretar to Antisc	entesis.
ertif writi rwar sed avol	O THE PATE OF CONTRACTOR	20. AUTOPSY?
INER: This certificate, writ should be farwar files. 3 should be used	WAS PERFORMED?  210 EXTERNAL CAUSE WAS  215 TIME OF INJURY Month, Day, Year  21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	YES NO
Hiffer Hall		18.)
NER shoul shoul files. S shar ation	PRIMARY OF CONTRIBUTING TO HOUR A.M. 1/27 1969 Routerie Paracentes/S	County State
AMI e th cur uge	WHILE NOT WHILE foctory, office building, etc.) AT WORK AT WORK	.,
DEPUTY  Stessary, please execute the cert is funeral director. Page 4 should may be retained far your files. FUNERAL DIRECTOR: Page 3 should ealth prior to burial, cremation	22a. I certify that I taok charge of the remains described abave, held an Autopsy 🔀, Inspection 🔀, Inquiry 🔼	and in my apin an
e ex tar. tar. ed f	death resulted fram: Natural causes 🔀, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗀	
please ex director. retained DIRECTO	ACTUAL OLS STORY CHIEF MEDICAL EXAMINER C	
TY Y, p eral se re RAL prio	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L	NED_ OR 1919
o DEPUTY necessary, p the funeral 5 may be ro 5 FUNERAL Health prio	EXAMINER'S NAME (Type)  John G. Ball  DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	20,772
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pr	230 BURIAL (REMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (Co	ounty) (State)
	Burial 1/30/69 Parklawn Cemetery Rockville, Mont	-
VR ATSME (5)	A FUNERAL DIRECTOR FINANCIA HOME 1331 CORVILLE PIECE BY REGISTRAR 256 REGISTRAR S SIG	th .
10M REV 1/68	Rockville, Maryland DATAN 90 1969 Killanda	1 Jack
-/-	A service of	V



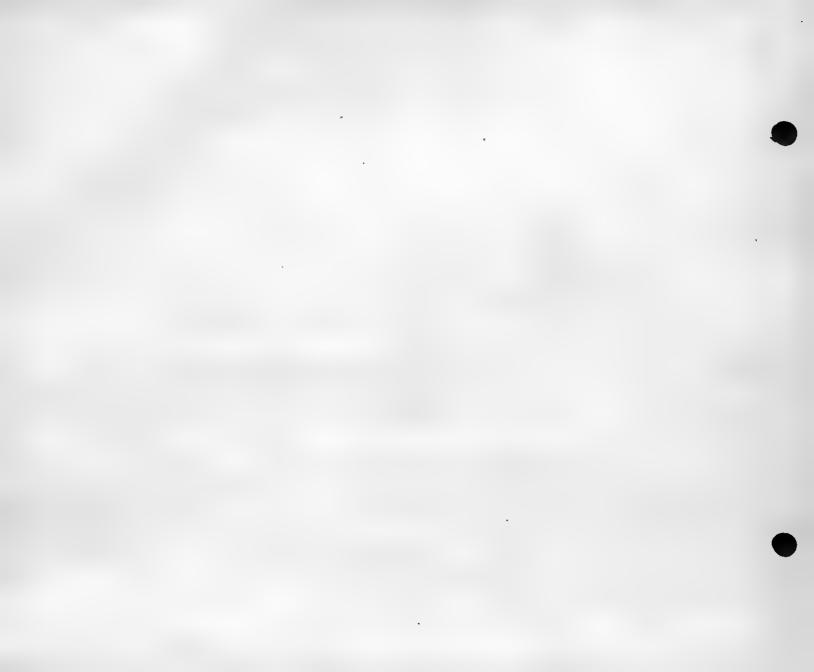
,	1			ID STATE DEPARTMEN		ID 4444	
		01270	DIVISION OF VITAL RECORDS,	CERTIFICATE OF D		ID 21201 작성이번요	
- 6	1.0	ECEASED-NAME First	Middle	lost/	20 DATE OF DEATH	1 2 2 4 4	
24 hours after death.  d in professor and 2 72 hours offer death.		Type or pant)	RAYMON	-1 10/.//	Mo     Mo	onth Day Year 2	b. HOUR
Her Her	3 S	EX /-	4 RACE	S DATE OF BIRTH	AGE		DER 24 HRS
2 ( <b>F A</b> 3	1	7912	wh. te	1241	72 76	YRS.	J Mills
Poor Poor	70 cou	B.RTHP_ACE (State or fore-gn	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIE			
P P od u	1D.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	WIDOWED DIVORCEI	120 USJAL OCCUPATION (Kind o		Md.
To see 170	1	sethes da	gere street gddress)	Hospital	during most of working life, evi	en if retired ) INDUSTRY	122 OK
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed mitting the retained by the hospital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplered director, page 3 snauld be detached for use as the burial-transit permit. Then please remove tabashauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, we have the content of the cont	r lodini	ission) STATE /	Id lived, if institution Residence before	10 11 1 11	INSIDE CITY LIM TS? 130 STREET AN	, 7	
xec.		FATHER'S NAME FIRST	Middle Dost	Bethesda Y	7 - 1707101		
and and in a	'	111,000	+ 11 /11.R	L S MOTHER'S MAIDI	O A PODO	Middle Los	11
ate ician and		WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURITY		490	1 Add antgomery	Zane
law requires that the death certificate be executed and physician and cample been signed by the attending physician and cample is the burial-transit permit. Then please remove to the burial, cremation, or removal, and in any even		es, no, of unknown) (If yes gwawc	(V) 1 215-44-	7910 Mrs. No	rine G. Webb	, Bethesda, Mo	
The Hermon		18 CAUSE OF DEATH (Enter onl	y one cause per line for (o), (b), and (c)	) /	- / /	APPROXIMATE INT BETWEEN ONSET AN	D DEATH
end orr		PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (0) Candina	malds/5 c	of abdome	en 3 mas	- 1
he c per per han,		Conditions if any subject causes	DUE TO, OR AS A CONSEQUENCE OF			1	,
rat t . The nsit		Conditions, if ony, which gove rise to immediate couse (o),	(b) Cancino	na of un	nary blade	den smas	7-
d by		stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (c)				
quire phys gne ouria		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN PAI	RT 1(o)	
v reing ing i	2					* /	
The law requires the attending physician. attending physician. se as as as a se as the burial-tracting prior to burial, creative.	CERTIFICATION	190 DATE OF OPERATION 196 (	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 2Do. AUTOPSY	CALIFEC OF DCA	ERE FINDINGS CONSIDERED IN CERTIFY!	NG
r att	FRIE	1/19/68 C		ladden YB	NO CAUSES OF DEA		
for Hec		216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year	21c HOW INJURY OCCUR	RED (Enter noture of injury in Por	t 1 or Port 2, item 18)	
rsic aspit certii hed it. of	MEDICAL	(If either, notify medical examining 21d INJURY OCCURRED 21e	PLACE OF INJURY / AT HOME FARM, STREET, FA		RED No City of Town		C4-4-
he h		While Not while at work at work	PLACE OF INJURY (AT HOME FARM, STREET, FA	21 tookson silees of	City of fown	County	State
JNG by t ffer be d			haspital) attended the deceas	ed fram	, 1949, to Jan	23, 1964, that (1) (	une) last
R: A Did The		saw the deceased all courses stated above.	ve an (1 d /1 /2) (1) (we) (fild) (did nat) view the	.969, and that in (my) ( body after death	aur) apintan death accurre	d on the date and have and f	ram the
ATT ATT STORY WITH WITH STORY		22b SIGNATURE	2 90 10 10 10	·	n / Mrn Atten	22c DATE SIGNED	
OR DIRE	١.	Stua	Tulapp Mid	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	1 Jan 23 6	9
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us shauld be filed with the State Dept. of Healt		NAME (Type)	vant Class	MD 22e ADDRESS	54/5 60,	Cedan Lan	99
HOSI ge 4 UNE ecto auld	230	BURAL CREMATION, 82 23b. D	ATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCAT ON LCity	or Jown) (County) Usto	ote) .
5 5 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4	1	Burial 1	-25-69 Acaci	a Pk.& Rest	Haven Buff:	alo, New Yo	rk)
VR A15 (4) 45M 1/69	24.	FUNERAL DIRECTOR		isconsin, Cen		REGISTRAR'S SIGNATURE	
45M 1/69		ROBERT A. PU	MPHREY, Bethes	da, Md.	AN 28 1969 A	charles Judge	



1 20	r	01371			DEPARIMENT OF HE			
	ill ren	tems#ll&lc&	DIVISION OF VITAL REC		ATE OF DEATH	NUKE, MAKYLAND 2120	31273	
. 2.	_	em# No FilmG40	/ - 1 // / 13111		Lost	2a. DATE OF DEATH	. 1 6 1 3	Laurana
e di la contra di		Ype or print) 503	for		16116	Month	Day Year	2b HOUR
	3. 5		4 RACE		S. DATE OF BIRTH 185	6 AGE (In years	IF UNDER YEAR	IF UNDER 24 HRS
24 hours after death ad in by the funeral ppers. Pages, rong 2		m	W		12-16-18		MONTHS DAYS	HOURS M.N
hours hours	7o cour	SIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	B MARRIED [	NEVER MARRIED 9.	COUNTY OF DEATH		
n 24 h illed in papers, nin 72 h		VIRGINIA	USA	MIĐOMED		MONTGOM	ERY Co.	Md
within 24 ely filled ban pape within 72	1.	ITY OR TOWN OF DEATH	11 NAME OF HOSPITA give street address)	ALOR INSTITUTION (IF no		OCCUPATION (Kind of work d	ane 125 KIND OF B	USINESS OR
within states of arban nt, with		ENSINGTON	TEUSING	on GARDE		t of working life, even if retir		юр
equires that the death certificate be executed within 24 physician. signed by the attending physician and campletely filled i burial-transit permit. Then please remove carban paper burial, crematian, ar remaval, and in any event, within 72	adm	USUAL RESIDENCE (Where deced	ised lived, Finst tytion Residence 13b COUNTY TON LOOM	before 13c CITY OR	TOWN 3d MS DE CITY J.M.T		. 1.03	Int 1
and a and in any	14	ATHER S NAME First	M ødle	cast IS.	MOTHER'S MAIDEN NAME First			Last
be can		Everett (Unit	hown Well	.5	Mary	Muhkhowhy A.	Kellu	,
ate building	160	WAS DECEASED EVER IN U.S. AR	and the state of a second		FORMANT PHONE	593-0697 Addre		OGARTR
ertificate b physician nen please and i		DAGOGGGG No	<u> 578</u>	-03-6192 M	MRS. JOSEDH	INE WILLIA	ms Si	Sp.mo.
ne death cer attending p permit. The		18 CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b)	and (c) )*			APPROXIMA BETWEEN ONS	SET AND DEATH
attendi permit. Ian, ar re		PART I DEATH WAS CAUSE IMMEDI	IATE CAUSE (a) Wre	ma			80	lang
aff per lan,			DUE TO, OR AS A CONSEQUE	NCE OF	1.	1		0
that the an. by the ransit p		Conditions, if any, which gave rise to immediate couse (a),	(b)	0/1	troolale	gland	1/7	noutho
The law requires that the death certificate attending physician. has been signed by the attending physicianse as the burial-transit permit. Then please the purial, crematian, ar remayal, and		stoting the underlying couse		NCE OF	-p. 0	7		
equires t physicia signed t burial-fr burial, ci			NDITIONS CONTRIBUTING TO DEATH	D IT NOT DESATED TO	THE TERMINA D CEASE OR CO.	JOITEGN CHURN IN DARY 17.3		
og pl		Part 2 Office Statistical Co	urmary	Trock	THE TERMINAL DISEASE ORTOR	ADISTON GIVEN IN PART ((6)		
nding nding been s the iar ta	100	190 DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERADON		20d AUTOPSY?	20b. IF YES, WERE MIDDLE	IGS CONSIDERED IN CER	TIEYING
The faw attendin has bee se as th th priar t	CERTIFICATION				YES NO NO	CAUSES OF DEATH?	TOUR CONDITION THE SELECTION OF THE SELE	THE PINCE
		21a ACCIDENT WAS UNDERLY!		21c HO	W INJURY OCCURRED (Enter n	oture of injury in Port 1 ar Po	rt 2, Item 18)	
CIA Differential Differential	IS.	OR CONTRIBUTING CAUSE OF DEA		Year 19		, i		
Page 4 may be retained by the haspital or attending FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar ta	MERS	21d INJURY OCCURRED   21e	. PLACE OF INJURY ( AT HOME, FARM, OFFICE BUILDING,	TREET FACTORY ) 21f LOG	CATION Street or R.F.D. Na.	City or Tawn	County	State
G P the det te D		at wark at wark				Λ.		
DIN by Affel be Sta		220. I certify that (I) (th	nis haspital) attended the calive on 20	leceosed from	that a (my) (aux) anini	8, 10 yan do	, 19 <u>69</u> , that (	(I) (we) last
R: Day		couses stated abay	e, (I) (we) (aid) (did not) vie	w the body after d	eath	au again occurred ou tu	e date ond nour o	nd from the
AT AT SHEET		22b SUCHINTURS	2	A 70	ATTENDING > - MED	C71FF	22c DATE SIGNED	10
OR be red w		( luchy 6	tones	M. OLDEGRE	E PHYS MED DIRE	CTOR PHYS	01-20	7-69
TAI AI A		22d PHYSIC AN S NAME (Type)	4. I 7	nnecht	22e. ADDRESS 800	Of Dishanes	Where	
O HOSPITAL Page 4 may O FUNERAL I directar, pag			11/2 . 00	1103,112	· selver	Sprund,	Tref.	
HC Page FU direct	23o	BURIAL, CREMATION, REMOVA. (Specify)	DATE 23c N/	ame of cemetery or candford Ce	REMATORY	230/LOCATION (City French) Petersburg.	(County)	(State)
2 2	21	PRINTERS DIRECTOR				REGISTRAR 25b REGISTE	Virginia RARS & GNATURE	
VR A15 (4) 45M - 1/69	G.	arner E. Pumph	reu Inc 8434	Georgia A	r, Md. 250 RECD BY F	4 1969	the board	£~



1/ 1	It.	ems 18-22a Film 408 MARYLAND STATE DEPARTMENT OF HEALTH 15-69 ams division of vital records, 301 w. preston street, baltimore, maryland 21201	1 O 12 z
FOR STATE	1	3 1 2 7 .: MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1274
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month [	Doy Yeor 2b. HOUR
ay is 3 to Poge	1	(Type or Print)  OF ESTI-  DEATH MATED   1 0 1 1	19
P. delay	3 5	SEX 4 RACE S DATE OF BIRTH 6 AGE (n years ast Algandar) Months DAYS HOURS MIN Month 4 Day 2	Yeor 19 M
- E 64 7		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Pages Vith for	10	776-07-06-76-76-76-76-76-76-76-76-76-76-76-76-76	2b. KIND OF BUSINESS OR
the day		give street poddress) dorug most of working life, even if retired.)	Set - employed
2 with death		USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13d MSIDE CTY LIMITS? 13b. COUNTY+ COTTON 13d MSIDE CTY LIMITS? 13d MSIDE CTY LIMITS?	१५ म पर
Office of the red	14.	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
A CON N	_	Claude Welsh Martha	Kane
ncal in namer pages hours	160.	Vec no or university) (House and an electrical lines are a line of the electrical line	L.Spr., Md.
I wit n pe Exar Exar File	-		APPROXIMATE INTERVAL
executed nding" ir Medicol permit.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  MMDIDITE CAUSE (a)  MULTIPLE SKULL fractures with	BETWEEN ONSET AND DEATH
be execute "pending" iief Medico insit permit		SSOX IMMEDIATE CAUSE (o) PROTECTION OF A CONSEQUENCE OF	
be e per jeef / nsit		(conditions, if ony, which gove) massive intracranial hemorrhage	
d bid by		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per to the Chief I buriol-transit		incurred in fall.	
the state of to		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	-
ificate ting th irded t los a of, ond	2		
This certificate should be executed within 24-tows ficate, writing the word "pending" in pencil in term I be forwarded to the Chief Medical Examiner Othere Id be used as a buriol-transit permit. File pages land 2 or removal, and in any event within 72 hours after a	CERTIFICATION	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This ate, se fe	ERTIF		YES NO
please execute the certificate, writing the word "pending" in penal is director Page 4 should be forwarded to the Chief Medical Examiner retained for your files.  DIRECTOR: Page 3 should be used as a buriol-transit permit. File page or to burial, cremation, or removal, and in any event within 72 hours.	MEDICAL C	210. EXTERNAL CAUSE WAS  PRIMARY TO OCCURRED (Enter nature of injury in Part 1 or Part	teps
AINER: he cert shout files. 3 shou	MEE	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street at R.F.D. No. City at Town	County State
bical Examiner: se execute the certi- ector Page 4 should ned for your files. tECTOR: Page 3 shou burlol, cremation,		WHILE AT WORK AT WORK of the foctory, office building, etc.) Home Silver Spring Mont	tgomery Md.
LEXA kecute Page for you SR:Pag		22a   certify that I took charge of the remains described above, held an Autopsy   Inspection Inquiry	and in my apinian
BECTO		death resulted from: Natural causes [], Accident [3], Suicide [], Hamicide [], Undetermined manner [	
TY please e groi director be retained RAL DIRECT Prior to bu		ACTUAL CHIEF MEDICAL EXAMINER C	
		SIGNATURE ASSISTANT MEDICAL EXAMINER	GNED /C
O DEPUTY SICAL EXAM necessary, please execute the funeral director Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type) BELDEN LADY DEPLITY MEDICAL EXAMINER DEPLITY DEPL	7, 1761
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230		County) (State)
		Burial 1-5-1969 Fi. Lincoln (emetery Prince George	s. Maryland
VR A15ME (5) ( ) (	24.	RUNERAL DIRECTOR J. W. Lee Juste ADDRESS, I. Spr., Md250 RECD BY REGISTRAR 25b. REGISTRAR'S SI arrier E. Priniphrey, 2nc. 8:13:1 Georgia Averie DAAN 9 1969 Gallands	GNAIURE
10M REV 1/68	17/	arner E. Primphrey, Inc. 8434 Georgia Avence JoHAN 9 1969 Fillen	1

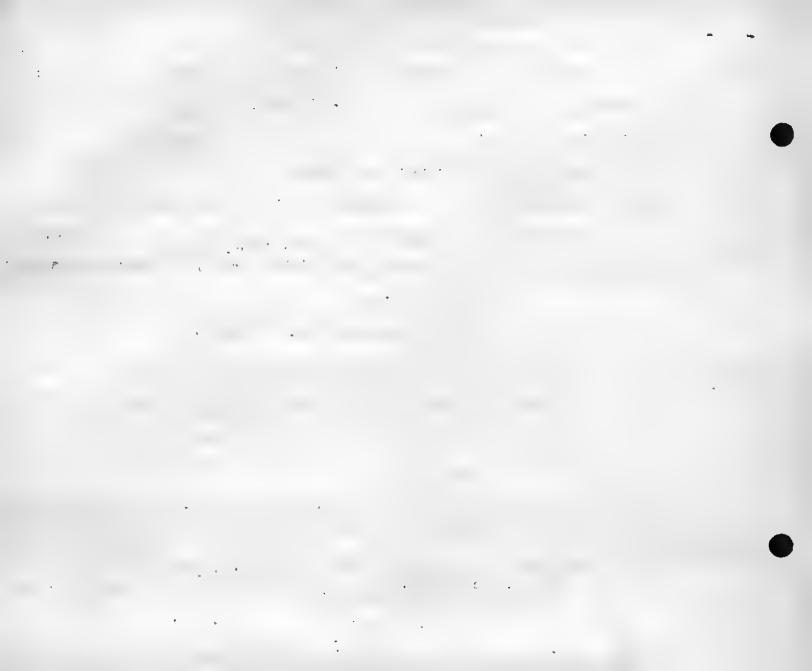


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20. DATE OF DEATH 2b. HOUR deoth ours after death (Type or print) puo SOMAN 3 SEX 4 RACE 6 AGE (in years IF INDER TYPAR lost birthday) ROBINS white Days MODRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [ D VORCED 10 CITY OR JOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (If not in hosp tol 20. USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR **JND USTRY** 130 USUAL RESIDENCE (Where deceased I ved, if institut on Residence before 13e STREET AND NUMBER 13c\_C TY OR TOWN 13d INSIDE CITY L M TSP The low requires that the death certificate be executed remove buriol, cremation, or removel, and in any 14 FATHER'S MAME IS MOTHER'S MAIDEN NAME First Lost WHITCOMB ELIZA FORMAN 16h SOC AL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 143-09-6483 MARIAN E. WHITCOMB - SAME PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Perfunctions APPROXIMATE INTERNAL BETWEEN ONSET AND DEATH Conditions, if ony, which gove ) signed by the burial-transit p rise to 'mmed ofe couse (o) by the hospital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be fil≡d with the State Dept of Health prior to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERT FYING 20a AUTOPSY? CAUSES OF DEATH? YES 🗌 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJRY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote White Not while at work 22a. I certify that (I) (this hospital) attended the deceased from January (not) four applicant death accurred on the date and hour and from the 10 HOSPITAL OR ATTEND Poge 4 may be retained causes stated abave, (1) (walted) (did not) view the bady after death. IGNATURE DIRECTOR 22d. RHYS CIAN'S 22e. ADDRESS ERNTON 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b. DATE 23d LOCATION (City or Town) (County) (Stote) OLD IENNENT LO TENNETT VR A15 (4) 45M 1/69 JOS. GAWLER'S SONS, SIBOWIS. AUE, WASH, D



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOMM Last 2a. DATE OF DEATH DECEASED NAME executed within 24 hours after death. floorand completely filled in by the funeral Month (Type or print) None) Mabel Wiggins January 4 RACE S. DATE OF BIRTH 3. SEX 6 AGE (In years last birthday) HOURS 21 August 1925 Female Negro 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED [7] NEVER MARRIED[7] WIDOWED | DIVORCED DE Virginia Montgomery USA 12a, USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address)

The Clinical Center, NIH during most of working life, even if retired) Bethesda 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 113c CITY OR TOWN burial, cremation, or removal, and in ony event, 13d NSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE District Columbile YES DE Washington 3507 22nd Street 14 FATHER'S NAME Last IS MOTHER'S MAIDEN NAME First The low requires that the death certificate be David Flem Moslev Mamie 16b. SOCIAL SECURITY NO 17 INFORMANT The Medical Record Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? signed by the attending physic bunal-tronsit permit. Then ple Yes, no, or unknown) 578-30-2021 The Clinical Center, NIH, Bethesda, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH l week Renal Failure IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) 10 Months Disseminated Carcinoma of the Cervix nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the b Health prior to b O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [ 21c. HOW INJURY OCCURRED (Enter nature of mury in Part 1 or Port 2, Item 18) 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year director, page 3 should be detached 1 should be filed with the State Dept. of P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT MOME FARM, STREET, FACTORY.) 21f LOCATION STREET OF RED No. State 21d INJURY OCCURRED City or Town County While Not while at work 22a. I certify that (b) (this haspital) attended the deceased from <u>Dec. 27</u>, 1968, to <u>Jan. 3</u>, 1969, that (b) (we) last saw the deceased alive an <u>January 3</u>, 1969, and that in (20) (aur) apinian death occurred an the date and haur and from the causes stated abave, 11) (we) (did) and view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING m V DEGREE 3 January 1969 220 ADDRESS The Clinical Center, National 22d. PHYSICIAN'S Peter J. Deckers, MD. NAME (Type) Institutes of Health, Bethesda, Maryland 23d LOCATION (City or Town) 230 HAME OF CEMETERY OR CREMATORY (State) 23b. DATE 23a BURIAL, CREMATION REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DAVAN 13 30M REV. 1/68



_ 1		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
		01231	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, CERTIFICATE OF DEA		1277
oth.		CEASED NAME First ype or print)	Middle AEE	Last	20. DATE OF DEATH Month	Day Year 2b. HOUR
funer funer s 1 ar	3. SE	X Se	4 RACE	S. DATE OF BIRTH	6. AGE (In years fast burthday)	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MLN
y the Pages urs af	12.	MA/E  INTHPLACE (State or fareign	7b. CITYZEN OF WHAT COUNTRY?	7-3-6	08 60 YR	
4 hou	tauf		USA	8. MARRIED NEVER MARRIED DIVORCED		Courty, Md
thin 2 y filled on page within	10. C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II give street address)		i USUAL OCCUPATION (Kind of work don ring mast at warking life, even if retired	
couted within 24 had completely filled in ave carban papers.		USUAL RESIDENCE (Where decease ssion) STATE	ed lived, if institution: Residence before	13c CITY OR TOWN 13d INSI	DE CITY LIMITS? 130 STREET AND NUMBER	P. of Street
ond com remaye	14. F	ATHER'S NAME First	Myddle Last	15. MOTHER S'MAIDEN N	IAME First Middle	Lost
an an an and in	160	SHELTON WAS DECEASED EVER IN U.S. ARM	W MILICERSO		Address Address	. 0
rtificat shysici on ple ival, a			ar or dates of service)	Mrs. Virgin		324 Proyent It.
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be tracuted within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.		PART I. DEATH WAS CAUSED  HMMEDIA  Conditions, If any, which gave)	y one cause per line far (a), (b), and (a) BY:  TE CAUSE (a) A CONSEQUENCE O	noma of	lewriting offu	APPROXIMATE MITTEVAL BETWEEN OINSET AND PERPH SECON 4 STATES
equires that the physician. signed by the burial-transit is burial, cremati		rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE O		CE ODCOMPLIAND CHEEN IN DADY 1/-V	(Dec 1962)
requency reduction of the property to but to	≈ (	Dealetes	nellitions contributing to DEATH BUT	Schronic ne	yocarditie,	septi Inter
PHYSICIAN: The law rether he haspital ar attending this certificate has been letached for use as the Bept, of Health prior to	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS F		NO CAUSES OF DEATH?	SS JON'S DERED IN CERTIFYING
CIAN: pital ar rificate d far u	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN  or contributing cause of Death (If either, notify medical exomin	H HOUR A.M. Month Day Yea		(Enter noture of injury in Part 1 or Port	2, Item 18.)
PHYS he has this ce the celetache Dept.	ME	21d. INJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY ( AT HOME, FARM, STREET F OFFICE BUILDING, ETC.	ACTORY.) 21f LOCATION Street or R.I	FD. No City of Town	County State
Page 4 may be retained by the haspital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health prior to burial, crer		22a. I certify that (I) (thi saw the deceased of couses stated obove	is haspital) attended the deceo live on	sed from 196 7, and that in (my) <del>(ac</del> e body ofter death.	s) opinion death occurred on the	
OR All be reto DIRECTION of Sheet and with sed w		226 SIGNATURE	Longslack	M degree ATTENDING E	MED DIRECTOR D STAFF D	2. DATE SIGNED 1-7-69
TO HOSPITAL OR AFTEN Page 4 may be refained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		22d. PHYSICIAN'S NAME (Type)	1	22e. ADDRESS	A	
Page O Fun	23g	BURIAL, CREMATION 236 I	DATE N. 10. 1969 230 NAME O	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
VR ATS WIT	34)	Circhue Malters	, 254 Carrail DI A	Miliarlife DATE	PECID BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE



. 1			ID STATE DEPARTMENT OF H		
	21282		. 301 W. PRESTON STREET, BALTII CERTIFICATE OF DEATH	MUKE, MAKILAND ZIZUI	01078
로 _ 8로	1. DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
death. neral and 2 death.	(Type or print) EVEL	NE W.	WilLiams	Manth Da	Year 12.35
	3 SEX	4 RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER I YEAR   IF UNDER 24 HRS
	FEMAL2	WHITE	1/26/83	lost birthday) YRS	MONTHS DAYS HOURS MIN
within 24 haussely filled in ban papers. Per within 72 haurs	7a B RTHPLACE (State or foreign country)	76 CITIZEN OF WHAT COUNTRY?	MAKKICO METER MAKKICO	OCCUPITY OF DEATH	
ed in	Emakand	4.5A	WIDOWED DIVORCED	MONTGOMEN	KY Md
othin 24 filled on pape	10 CITY PRITOWN OF DEATH	give street oddress)	IST TUTION (If not in haspital 12a tissual during ma	OCCUPATION (Kind of work done	126 K ND OF BUSINESS OR INDUSTRY
w Jeby w /~	BETHESDA	sed lived, if institution Residence before	13c CITY OR TOWN 13a INSIDE CITY DA	st at work no life even if retired)	
Econological with completely according event, with the control of	admission) STATE	13b. COUNTY	CHECY CHASE YES NO		LEY ELVO
	14 FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME FIR		Last
ote be ever	Alfred Ston	e	Unkno	מעש	6031
ate b ician lease and i	16g WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b SOCIAL SECURITY var er dates of service)	NO 17 INFORMANT Daug.	501 Under	7 TK 10 E
ertificate b physician ien please	Yes, na, ar unknawn) (If yes give v	Unknown			wood St, N.V
ng l	18 CAUSE OF DEATH (Enter on	ly ane cause per ine for (a), (b), and (c)	1		RETWEEN ONSET AND DEATH
leath mit.	PART I. DEATH WAS CAUSED IMMEDIA	ATE CAUSE (a) PROID	YASCHIAY (	PHAPSE	8. days
he c		DUE TO, OR AS A CONSEQUENCE OF	1 1 1	,	1
of the ns't had ns't	Candit ans, if any, which gave tise to immediate cause (a),	(b) 2 1 1 1 1 1 1	CAYDIAL INT	DRUTIPN	J. ORGS
ta sa	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	tion listing		Da deus
OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician of e. 3 should be detached far use as the burial-trans't permit. Then please red with the State Dept. of Health priar to buriat, cremation, ar removal, and in		IDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(n)	100 1417
ng pen sen sen stab				(4)	
law law	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The see of	19d. DATE OF OPERATION 196.		YES NO	CAUSES OF DEATH?	
AN: Jar all ar user user user user user user user use	210 ACCIDENT WAS UNDERLYING CAUSE OF DEAT		21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 18.)
HYSICIA! haspital s certifica ached far	a lif either, natify medical exami	ner) P.M 1	9		
PHY PHY is o is o tach tach	While Nat while	PLACE OF INJURY ( OFFICE BUILDING, ETC.	CTORY.) 21f LOCATION Street or R.F.D. No.	City of Town	Caunty State
NG PI / the er th's e deto ate De	of wark at work	is hospital) attended the deceas	ad from 10.5	≥, to_//≥>, 19	7 <u>6 9</u> , that (I) (we) last
d by	saw the deceased a	ive on //->	196 9 and that in (my) (aur) anin	ian death accurred on the d	ate and hour and from the
OR ATTENI be retained DIRECTOR: A e 3 should ed with the	couses stated obove	e, (I) (we) (did) (did not) view the	body ofter deoth.		
RECT S SI S	22b SIGNATURE	111 10	ATTENDING ME	D STAFF	DATE SIGNED
V be of place of the office of	22d PHYSICIAN S	- CAVI		429 Bradley I	12/69
RAIL PITA	NAMY (Type)	SOYENN	A N B	ethesda. Mary	ane' / land
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After th's certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to	230. BURIAL, CREMATION 236	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
5 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1		6-69 Cedar	Hill Crematory	Suitland, M	
VR A15	24 FUNERAL DIRECTOR ROBERT A. PUM	PHREY Bethesda	Maryland 250 RECD BY		S SIGNATURE
45M - 17,49%	RODGIKI AL LUM	TIME , Definesda	, raty talky shift y	1969 Jelean	My July



5 July		MARTIAND STATE DEPARTMENT OF HEALTH	
		0128., DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	.1279
	_	CERTIFICATE OF DEATH	1 1 10 1 10
£ 2° ±		DECEASED-NAME First Middle 20. DATE OF DEATH	2b HOUR
de de la Maria	l '	(Type or print) Significant Day	1887 9 6A M
2- 5	3 S	SEX 4 RACE S DATE OF BIRTH 6 AGE (In years	F JNDER 1 YEAR   IF UNDER 24 HRS.
the the softs of		FEMALE NEGRO 11-11-1893 (os/porhdoy) YRS.	MOINTHS DAYS HOURS MIN
haurs after a by the .s. Pages haurs ofte	7a	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED TO NEWS MARRIED TO PERTH	
ers.	can	MD U.S.A. WIDOWED DIVDREED MONTGOMERY	,
fulled pape	10.	CITY DR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION ( find in haspital 12a US.A. OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a 24 haurs after death.  Page 4 may be retained by the haspital ar attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the affending physician and completely fulled in by the unreadured process. Should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and should be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death	L	MARTINSBURG  give street address)  UNEMPLOYED  during ipost of work pourts, even if retired.)	INDUSTRONE
Plet car	13a.	a. USLAL RESIDENCE (Where deceased lived, if institution. Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LMITS? 13e STREET AND NUMBER INSIGN) STATE 13b. COUNTY	
scut som ave / ev	L	mission) STATE MD 136. COUNTY MONTG. MARTINSBURG YES X NO TRUNDLE	RD,
em(on)	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	• last
be a din		THOMAS WILLIAMS NANCY	BETTERS
ate ic'al leas		va. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown (If yes give wor or dotes of service) 16b SOC:A. SECURITY NO. 17 INFORMANT Address	
tithe ohys on p		NO MRS VIOLA WARREN MARTIN	NSBURG, MD
el The		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE NTERVAL BETWEEN ONSEL AND DEATH
ndir ndir nr re		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heypertensing Corchovoscular disease	& Liver
afte afte an, c		DUE TO, OR AS A CONSEQUENCE OF	
the stiff	l	Conditions, if ony, which gave \	
hat n. by t ans rem		rise to immediate cause (a). (b) Stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	
es licio		lost. (c)	
equires t physicia signed t burial-tr burial, ci		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ng l	-		
The law ratending attending has been se as the th priarta	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIFYING
A has	層	YES NO CAUSES OF DEATH?	
ar us			tem 18.1
ital ital	DIS.	[ Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 P.M. 19	
YSI dasp cert chec pt. c	H	21d INTIRY OCCURRED 21a PLACE OF INTIRY CATHOME FARM STREET FACTORY 1 216 FOCATION Street or D.S.D. No.	County State
Page 4 may be retained by the haspital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and compled director, page 3 should be detached far use as the burial-transit permit. Then please remaye can should be filed with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event to the place of the place of the burial complements.		at wark at wark	
ING Day 1 Se o		22a. I certify that (I) (this haspital) attended the deceased from 19 50, to 19 saw the deceased alive an 19 50, and that in (my) (aur) apinian death occurred an the day	69, that (I) (we) last
ed 19		saw the deceased alive an	te and hour and from the
A TI		tubses stated above, (i) (we) (aid hat) view the bady after death.	
R A A S S S S S S S S S S S S S S S S S		ATTENDING TO MED STAFF	DATE SIGNED
y be		22d. PHYSICIANYS  22e. ADDRESS  22e. ADDRESS	
RAI Po		NAME (Type)	
ro Hospital or Page 4 may be rr o FUNERAL DIRE director, page 3 shauld be filed w	220	a BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY, 23d LOCAT ON (City or Town)	(6 + 1)
Pag Pag dire sha	230.	entionly to the first of the fi	(County) (State)
5-5	24	BROUGH DECTOR D 1-20-69 WARREN Church CEM, MARTINS burg	SIGNATURE CONTRACTOR
VR A15 AND			



12.1	Jt.	ems 1 -22a Film 409 MAKYLAND STATE DEPARTMENT OF HEALTH 20-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		3128 - MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1230
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Mogth	Day Yeor 2b HOUR
2, and 3 to PM3 Page		in argaret lucker welker DEATH MATED [ fee, 1.	24 18/9 4/25 M
3 P. 3 P. 4 3	3 5	ass brithday) MONTHS DAYS HOURS MIN MINGS DAY	Year 23
A S S S	70	BRITHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	19(-4 5/3M
F E Q		WIDOWED DIVORCED DIVO	, , , ,
Pages ith for	10	CITY OR TOWN OF DEATH 1 NAME OF HOSPITAL OR INSTITUTION (If not in hospita 12a USUAL OCCUPATION (King of work done 1	120 KIND OF BUSINESS OR
r dec ve P g wit the S	X	give street address) / during most of working life, even if retired to	NDUSTRY
s offer death are less 1, 2 olong with form 2 with the State Death	13a	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13 CITY OR TOWN 3d HIS DE LITY LIMITS? 13e STREET AND NUMBER 13th STATE 13b GOUNTY	. 1
hours ofte tem 18 Go Office olon 1 and 2 with	$\vdash$	The william of the first.	record tome
I hours	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
hin 24 niners poges hours	160	WAS DECEASED EVER NU'S ARMED FORCES?   166 SOCIAL SECURITY NO   17 INFORMANT ADDRESS Z	ney
J within 24 in pencifing Examiner's Examiner's File poges	(	Yes no, or unknown). (If yes give war or dates of service)	the re-
be executed wit "pending" in pe sief Medical Exar ansit permit. File event within 72		IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) )	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecute ding" in hedical permit.		PART I. DEATH WAS CAUSED BY Cardiorespiratory failure due to	
pend pend if Mi		Out 10, OR AS A CONSEQUENCE OF Cand Hons, funy, which gave )  Barbiturate intoxication	
ould be e vard "per ne Chief I al transit ony even		rise to immediate cause (a) (b) Data Statute C Thrown the state of the	
shoul ne wor to the burial		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
the soft to a but and a		PART 2 OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G YEN IN PART 1(a)	<del></del>
iffico iting ardec d os ol, o	8		
INER: This certificate should be executed within 24 hours after death is certificate, writing the word "pending" in pencil-in item 18 Give Pagi should be forwarded to the Chief Medical Examiner's Offine along with files.  3 should be used as a burial transit permit. File pages land 2 with the Standton, or removal, and in any event within 72 hours after death	CERTIFICATION	190 DATE OF OPERATION 196 COMD TION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
MINER: This of the certificate, 4 should be four files.  e 3 should be ur mation, or rem	ERI	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day Year 21c HOW INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item	
NER: T certification bould by liles. should	MEDICAL	PRIMARY TOR CONTRIBUTING - HOUR AM.  CAUSE OF DEATH  PM 1-24 19 69  Deceased took overdose of back overdose o	
Hain the company of t	N. S.	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street at R.F.D. No. City of Town	County State
XA Unte 1 you you Cre		AT WORK AT WORK MI Home Rockville Mon	tg. Md.
DEPUTY CADICAL EXAMINER: scessary, please execute the certine of funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should salth prior to burial, cremation,			and in my apinian
please ex- director. director. DIRECTO or to burr		death resulted from: Natural rauses , According, Suicide X, Homicide , Undetermined manner [	
TY. Pleose y, pleose proof direction to prior to	1	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER 226. DATE S	IGNEO
Sary.		EXAMINED DEPUTY MEDICAL EXAMINER	2// 10/0
TO DEPUTY necessary, the funeral 5 may be i 10 FUNERAL Health prii		NAME (Type) [ [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	97/169
5 5 ± ~ 5 ±	230	RFMOVAL (Specify)	(Caunty) (State)
CX	24.	Burial 1-28-69 Geder Hill Cemetery Suitland P. Fukkl Director A Pumphrey 7557 Wisconsin Ave 250 RECO BY REG STRAR 250 REGISTRAR'S COPETT A Pumphrey 7557 Wisconsin Ave	Geo Md
VR A15ME (5)	1.	Robert A Pumphrey 7557 Wisconsin Ave DAJAN 2 8 1868 Funday	S ALLEN

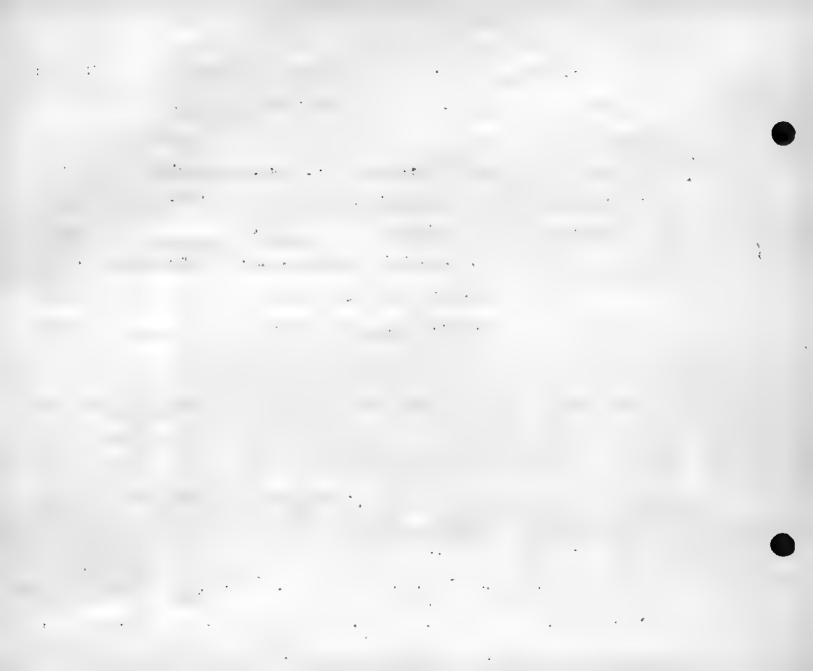


	Items 15-22a Film 410 MARYLAND STATE DEPARTMENT OF HEALTH [3-19-69ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12
HEALTH-DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Year	2b HOUR
3 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Type or Print) ADRIENNE WILSON DEATH MATED X1-6-69 19	A
\$ m & m & m	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR
ny delay 2, and 3 PM3 Po	F W 10-25-23 45 YRS	7:30N
- E 3	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED   9 COUNTY OF DEATH   Country) 172 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
ote la far		M
ve Pa	Sil. Spring give steet our street during most of working to, even if retired) INDUSTRY his	one one
s after 18 Gi e alone 2 with death	13a USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN  admission) STATE Md. 13b COUNTY MontgomerySilver Spring YES & No 12113 Limingston St.	
t haurs Utem 18 Office 1 and 2 v		Lost
24 = 24 rr's (	Pare se 9. Laser 7. th E. St. 166 WAS DECEASED EVER IN L. S. ARMED FORCES? 166 SQUAL SECURITY NO 17 INFORMANT ADDRESS 1. Sp. 1	4.10%
is certificate should be executed within 24 e, writing the word "pending" in pencil in forwarded to the Chief Medical Examiner's e used as a buriol-transit permit. File pages emoval and in ony event within 72 haurs	160 WAS DECEASED EVER IN L. S. ARMED FORCES? Was, no. or unknown) 1,47,46 gyp year or dotes of service) 161 SQCIAL SECURITY NO 17 INFORMANT One G. 11113 Passa gyp year or dotes of service) 1822-7623 One G. 11113 Passa gyp year or dotes of service)	1d_
should be executed with eword "pending" in period the Chief Medical Examination of the Chief Examination of the Ch	APPROXIM	AATE INTERVAL NSET AND DEATH
ecut ing edice ermi	PART I DEATH WAS CAUSED BY  IMMCDIATE CAUSE (o)  Deceased, drinking, venited and	
f Mid	DUE TO, OR AS A CONSEQUENCE OF	
d be d 'f Chie frans	rise to immediate couse (a), (b)	
shauld be en word "per or the Chief" buriof-transit	stoting the underlying couse OUE TO, OR AS A CONSEQUENCE OF	
the shape of to a but a but ind in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate shauld licate, writing the word be forwarded to the Ct d be used as a buriol-tre ar removal and in ony		
certifi orwar used moval	190 DATE OF OPERATION 1916 CONDITION FOR WHICH OPERATION 20 AUTO WAS PERFORMED?  210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter politive of injury in Rart 1 on Part 2, Merch 18)	PSY?
hrs (are, le follower)	WAS PERFORMED?	NO 🗆
<b>= 1 = 1</b> = 1	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Yeor PR.MARY NOR CONTRIBLTING HOUR A M. PM 1-6 19 69 21c HOW INJURY OCCURRED (Enter noture of injury is Rort 1 or Part 2 user 18) 22c LOCATION Street or RED No. County	id
		State
XAA te tl ye 4 your 'oge	white Not white of foctory office building, etc.) Home Silver Spring Mentg.	Md.
Par Par I I I I I I I I I I I I I I I I I I I	220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in	my opinior
Ctor.	deoth resulted from: Notural couses 🔲 , Acceent 🔼 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗋	
direction of the control of the cont	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
TY. P	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220 DATE SIGNED	010
necessary, please execute the funeral director. Page 4 the funeral director. Page 4 5 may be retained far yaur 70 FUNERAL DIRECTOR: Page Health prior to burnal, crem	EXAMINER'S BELDEN APPLIED DEPUTY MED CAL EXAMINER APPLIED DEPUTY AP	769
5 <u> </u>	230. BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(Stote)
	1 +9-1454   PSAPAS O PARADO COCCUAZAR NO TRANSPAL	Md
VR A15ME (5)	11/3 r er 5. D' phrey. 9 ic. 8131 Georgia Tue, e Date 10 1969	r
10M REV 1768	Three, yie, sist Georges Tue, e Tuet	

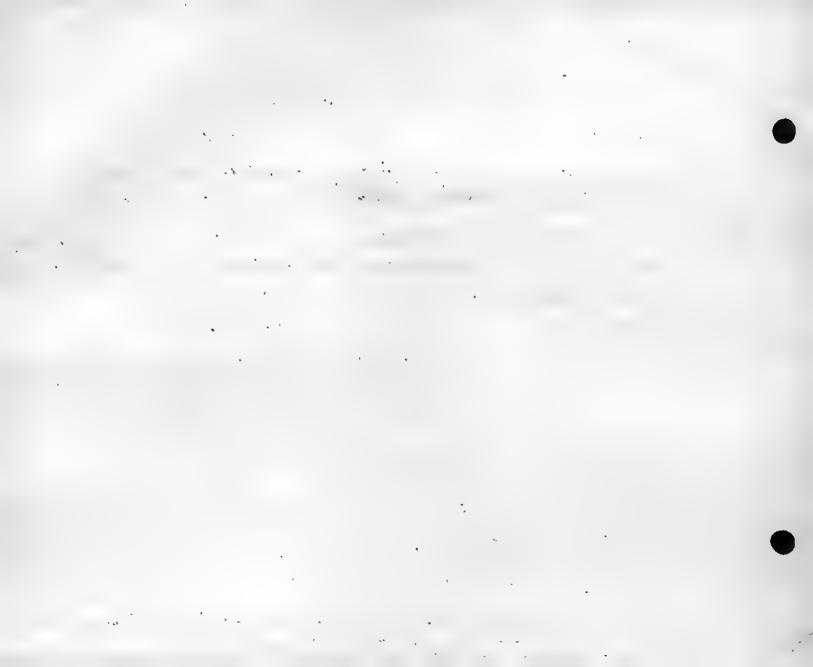


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31280 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20 DATE OF DEATH 2b, HOPRVI **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and <u>completely filled in by TePT therol</u> director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. (Type or print) Month Richard Wilson Alan January S. DATE OF BIRTH 4 RACE 6. AGE (In years F JHDER 1 YEAR last birthdoy) HOURS 1947 Male 27 November White 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED KONEVER MARRIED Indiana WIDOWED [77] DIVORCED [7] USA Montgomery 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120 USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR during most of working life, even if refired.)
Radio Technician The Clinical Center, NIH Bethesda 130. USUAL RESIDENCE (Where deceosed lived/ if institution. Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed 134 COUNTY odmission) STATE Winter Garden NO Route #1, 170A Orange 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle William Wilson Olive Stone 17 INFORMANT Bethesda, Maryland Address 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, or unknown) 264-88-9688 The Medical Records, The Clinical Center, 1B. CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c).)
PART I. DEATH WAS CAUSED BY.
Recterial Se BETWEEN ONSET AND DEATH S CAUSED BY. Bacterial Sepsis and Pneumonia 2 Days TO FUNERAL DIRECTOR: After this certificate has been signed by the attendir director, page 3 should be detoched for use as the burial-tronsit permit. DUE TO, OR AS A CONSEQUENCE OF (b) Chronic Myelogenous Leukemia 13 Months Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g DATE OF OPERATION 20o. AUTOPSY? 206 JE YES WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES YES X NO [ 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 2 d. INJURY OCCURRED City or Town County Stote White Not while of work 220. I certify that (this hospital) attended the deceased from 26 November 1968, to 6 January, 1969, that (4) (we) lost saw the deceased alive on 5 January 1969, and that in 1969 (our) apinion death occurred on the date and hour and from the couses stated above ( (we) (did) ( ) (view the bady after death 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR ( D. DEGREE 1 6 January 1969 22e. ADDRESS The Clinical Center, National 22d PHYSICIAN S C. H. Brown, III, M. D. NAME (Type) Institutes of Health, Bethesda, Maryland 23d LOCATION (City of Town) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL CREMATION. REMYS (Vat) 1/7/69 Woodlawn Mem. Park Cemetery, Orlando, Orange, Fla 7557ADBRISCONSIN AVESUAN BY REGISTRAN S SIGNATURE
Bethesda, Marvlandati 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 ROBERT A. PUMPHREY.

MARYLAND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DEPARTMENT OF HEALTH
*	L	1128, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	1 7	CERTIFICATE OF DEATH
2 72		DECEASED NAME First Middle Last 20. DATE OF DEATH 2b. HOUR
requires that the death certificate be executed within 24 hours after death physician.  signed by the ottending physician and completely filled in by the funeral buriol-transit permit. Then blease replace carbon papers. Pages I and 2 burial, cremation, or removal, and ippant, within 72 haurs after death	(	Type or print) Gilbert M. Wissman don. Month 22 Day Year 69 11:40 M
	3 5	CHEPP COSTILITY
afte d		12-23-188/ last birthday) MONTHS OAYS HOURS MAN
Page 1	70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
hor by	cat	miry)
24 i ed i upel	4	Nott surlle 19d. 4-f.A. WIDOWED DIVORCED Montgamery Md.
	110	(ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working Life, every refused.)  12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working Life, every refused.)  13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working Life, every refused.)
Po See with		iluce Locing, 191. Calunial Hillo Naming for boundbooks aboungs freen fore
of the second	13o	SHALDESIDENTE (Where deceased level if included an Decidence before 112, MTV ON TOWN I 1134 HISTORITY LANCE 1124 CIDECT AND MILLIOND I MARKET.
A see in cit	Odii	ission) STATE Maryland 13b. COUNTY Montgomery 150000000 YES NO 4511- Margal St.
X A S	14.	FATHERS NAME First Middle Last IS MOTHERS MAIDEN NAME First Middle Lost
3 2 3		Lewis O. Wissman (Unknown)
d de general de la company de	160	WAS DECEASED EVER IN L.S. ARMED FORCES? 166 SOCIAL SECURITY FOOD 17 INFORMANT Address Pockerille Md
	Н	Yes no or unknown) (14 yes give war or dotes of service) Ues 578-01- Gilbert M. Wissman. Dr. 4511 Morgal St.
re death certifin offending phy permit. Then ion, or removol	-	INDIAN ALITE INVENES
e Light		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:  PART I DEATH WAS CAUSE AND DEATH  PART I DEATH WAS CAUSE AND DEATH  PART I DEATH WAS CAUSE ON IN S I FUND NOT NOT THE PROPERTY OF THE PART I DEATH OF THE PART I D
te death ottendi permit.		1/3/ IMMEDIATE CAUSE (a)
of of or		DUE TO, OR AS A CONSEQUENCE OF
the site		Conditions, if any, which gave rise to immediate cause (a). (b) CECEBRAIVASCUIAR HCCIOCAT 3/Muerilla
that t an. by the transit		stating the underlying cause? DUE TO, OR AS A CONSEQUENCE OF
equires that the death certifi physician. signed by the ottending phy buriol-transit permit. Then burial, cremation, or removol		lost. (c) YENCRALIZED ARTENIO DeleROSID 4412
equire physic signed burial	П	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The law requires th aftending physician, hos been signed by se os the buriol-tra	2	ARTERO-SCIENCTIE HEHAT DISCASE
be di tion	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
PHYSICIAN: The e hospital or atte his certificate hos stached for use o Dept. of Health pr	1崖	YES NO CAUSES OF DEATH?
a su	8	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)
F F F F	₹	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M MONTH Day Year
PHYSICIA e hospital his certifica stached foo Dept. of H	MEDI	[If either, natify medical examiner] P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 1/2 If. LOCATION Street or R.F.D. No. City or Town County Stote
PH) e ho tacl		21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote at work of work
₽ <del>4</del> ± 8 ±	П	
Afte by Sto Sto	Н	22a. I certify that (I) (this inspiral) attended the deceased from 19 , 19 , ta , 19 , that (I) (no) last saw the deceased glive an 19 , and that in (my) (no) apinian death occurred an the date and haur and from the
R. Sed	П	couses stated above, (1) (did) (did nat) view the bady after death
ATENDING attained by the CTOR: After it should be do not have here if the State in	П	22h SIGNATURE 22L DATE SIGNED
OR ATTENION DIRECTOR: A Should led with the interval.	П	Mayre declared Degree PHYS. Director Di
y b b ge file		22d PHYSICIAN S 22e, ADDRESS / 4:11 5:1 6. W.A.
RAI RAI Pe be		NAME (Type) for JEISX NICHAROSON 11413 VEIRSMING. SILL PORT 191
Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	00.	BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
E BE FE	Z30	discountribe of the second sec
5 5 J.X		Control of the contro
VR A	1/11	
30M REVOTION	EVC	arner E. Pumphrey, Inc. 8434 Georgia Assense DATOPA & 1300 17





/		Items 14, Thursday of With Decoper 201 W DECTON STREET PAITIMORE MADVIAND 21201	
		E4 1 m. C. 1.00 DIVISION OF WHAT RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTLAND 21201	01285
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	( 1 400
HEALTH DEPT.		DECEASED NAME First Middle Lost 20. DATE KNOWN Month	Day Year 2b. HOUR
at de de	(	Type or Print) William. Floyd. Wood. DEATH MATED & Jan	20 1969 683 M
Pag 3	3 5	EX 4. RACE S DATE OF BIRTH 6 AGE (In years J FUNDER 1 YEAR I E JNOER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR
del md me		IN 14/ - AT 20 18 89 Institution MONTHS DAYS HOURS Milk Month Day	Year 10 13 145
ay detay is 2, and 3 to PM3. Page	70	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTRY OF DEATH	1907 OAM
一里春期			
far far			Md
State State	10.4	CITY OR TOWN OF DEATH  11 NAME OF HOSPITA. OR INSTITUTION (If not in hospital during most of working life even if retired)	12b KIND OF BUSINESS OR
de we l		DELIVORUE TOUTHUROSTELLE THE THE TELLESTIC	INDUSTRY IC TO 1017.
s offer death iny delay is 18. Give Pages 1, 2, and 3 to plang with farm PM3. Page 2 with the State-Department of death.		COLOR DECEDE OF THE LAND AND A LAND OF THE PARTY AND A COLOR OF THE PAR	
S	0	OSUAL RESIDENCE (Where deceased lived, it institute on Residence before ISC CITY ON TOWN 130 STATE Me). ISB COUNTY Ment general Derwerd. YES NO 130 Management of Tool Management of Too	M.// Kel.
24 bours 1 lem s 24 bours 2 offer d 3 offer d	14		Last
4 = 10 to		FATHER'S NAME First Modele Lost IS MOTHER'S MAIDEN NAME First Middle  Christian Modele  Wood. Maines	GNIMES.
thin 24 mind s pages haurs	16n	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT ADDRESS	14.47777
min min pag		Yes no or unknown) ( /Huse our unknown)	
w pe xou	-		APPROXIMATE INTERVAL
ed in		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
ing ing		PART I DEATH WAS CAUSED BY. COTODORY INSOSSICENCY A cote -	Suddan.
Me Me		14/24 DUE TO, OR AS A CONSEQUENCE OF	
the street in th		(anditions, fony, which gave) (b) Cardio Vascular Disease-	Years
무무호 분정		rise to immediate cause (a).  stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed with a ward "pending" in pertainted the Chief Medical Example burial-transit permit. File In any event within 72		last (c)	
TY SICAL EXAMINER: This certificate should be executed within 24 bayrs after death y, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Paggistal director. Page 4 should be farwarded to the Chief Medical Examinar's Office plang with the certained far your files.  **AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the Starping to burial, cremation, ar remaval, and in any event within 72 haurs after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)	
ng ng ded ded ar . ar			
rrtif vari val	NO	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
fary fary	E S	WAS PERFORMED?	YES TO NO SET
INER: This certificate writing should be farwarder files. Should be used as Should be used as nation, ar removal, a	CERTIFICAT ON	2.a. EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day Yeor 21c HOW INTURY OCCURRED (Enter nature of injury in Part 1 or Part 2, in	- had "Ogul
記号の	3	PRIMARY [☐ OR CONTRIBUTING ☐ ☐ HOUR A M	011. 10 )
MINER: the cert the shault thes. these shau	MEDICAL	CAUSE OF DEATH P M 9  21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No City or Town	County State
the 3	-	while NOT While foctory, office building, etc.)	Cuciny Sigle
L EXAM Pege 4 for your R: Page		AT WORK  AT WORK	4
bical Examiner: se execute the cert star. Page 4 should ned far your files. ECTOR: Page 3 should burial, crematian,		220. I certify that I took charge of the remains described above, held an Autopsy	ond in my opinion
bicase explication director.		death resulted fram. Notural causes 🔀, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner	
please direct direct retaine		CHIEF MEDICAL EXAMINER	
ITY DICA ry, please e eral director be retained RAL DIRECTOR prior to bu	l .	SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226 DATE	SIGNED
OUT OUT De P		EVAMINED'S DEPLTY MEDICAL EXAMINER DEPLTY MEDICAL EXAMINER	20,1969
o DEPUTY necessary, p the funeral S may be rr O FUNERAL Health prior		NAME (Type) John G. Ball ADDRESS(Street, city, town, or county)	,
ro DEPUTY SICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained far your of FUNERAL DIRECTOR: Page Health priar to burial, crem	230	BUR.AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town)	(County) (State)
p		Burial 1-22-69 Nat'l Memorial Park Falls Church	Virginia
	24		SIGNATURE COLOR
VR A15ME (5)	F	rancis H. Barber Laytonsville, Md. 20760 250 RECD BY REGISTRAR 2 2 1969	70



421	It	oms 13822a Film 409 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1286
HEALTH DEPT.		DECEASED NAME Lost 20 DATE KNOWN Month D	Doy Year 25 HOUR
ay is 3 to Poge ant of	1	Type or Print)  OF ESTI  OF ESTI  DEATH MATER  OF DEATH MATER  OF ACTION  OF	6 169
Ony delay s 1, 2, and 3 orm PM3. Po	3 5	EX 4. RACE S DATE OF BIRTH 6 AGE (In years IF JUNDER 24 MRS 2c DATE PRONOUNCED DEAD	/ C 2d HOU
ny del. 2, and PM3.		Male Wh. 3-15-1922 4688 9 23	Year 67 89
- E - B	70	BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9 COUNTY OF DEATH	E-4
F 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	10	NEBRASKA UNITED STATES WIDOWED DIVORCED (CONTROL OF WORK OF HOSPITAL OR INSTITUTION (If not punoso tol 120, USUAL OCCUPATION (Kind of work done 17)	Tiery M
Give Pages ong with form	10	A: 1 - a. Ab. 5 give street address) / Wallow Allow during most of working ife, even if retired) th	ZE KIND OF BUSINESS OR
er de Sive P ng wi h the	130	JSUAL RES DENCE (Where deceased ved, t institution Residence before 13c CITY OR TOWN 3d Noble CITY MISS? 13e STREET AND NUMBER	OOL; TEACHER
dec 4		odmission) STATE MA 136 (OJNTY Montgom S, S, YES NO D 555 THAYE	FR AUE,
hours Item 1 Office Iond 2 ofter d	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 Lin bi		D. DALE WOODMENCY VERA	PRESCOTT
within 24 in pencil in Exominer's File pages 772 hours	160	ESS. DD. DE JOEDAWITE I III was nive assy or dister of service). It	WEBRASKA
Exon Exon File		ne Junavai lable MR. FTICH FIICH & COLE FUNERAL HO	OME_OMAHA  APPROXIMATE INTERVA.
		18. CAUSE OF DEATH (Enter on young couse per line for (o), (b) ond (c)) PART I. DEATH WAS CAUSED BY Fatty metamorphosis of the liver,	BETWEEN ONSET AND DEATH
Medical Medical		IMMEDIATE CAUSE (o) Pacity intertained interest of the Little	
be exemple on sit per event		Conditions of any, which nove	
4 4 Cg a		rise to immediate couse (a), (b) stating the underlying couse (DUE TO, OR AS A CONSEQUENCE OF	
should be en word in any ever		lost (c)	
certificate should, writing the word forwarded to the CF used as burial-tra smoval, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	1
writing writing rwarded sed os a loval, on	2		
is certificate to, writing the forwarded to e used as a bremoval, and	CERTIFICATION	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY?
his onte, e for the rest	RIE		YES NO
<b>毛</b>		210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter notuse of injury in Port 1 or Port 2, Item PRIMARY OR CONTRIBUTING HOUR A.M.	10)
NER: certifi hould iles. should	MEDICAL	CAUSE OF DEATH P. M. 19	favote Sea
ICAL EXAMINER: e execute the certifor. Page 4 should ed for your files. CTOR: Page 3 shou	-	21d INJURY OCCURRED   21e PLACE OF INJURY (At home, form, street, at work	County State
DICAL EXAM lease execute the director. Page 4 stoined for your DIRECTOR: Page r to buriol, cren		22a. I certify that took charge of the remains described above, field an Autopsy Inspection I. Inquiry V.	and in my opinion
ICAL Bexect Tor. Ped for CTOR: burnol		death resulted from: Natural causes 🖾 Accident 🔲, Suicide 🗍, Hamicide 🗍, Undetermined manner	7
please direct direct retoine DIREC		CHIEF MEDICAL EXAMINER	
무 막는 그 글 은		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	GNED
O DEPUTY necessory, p the funeral 5 may be re 0 FUNERAL Health prio		EXAMINER'S DODGE STATE OF THE S	7-1969
O DEPL necesso the fun 5 moy O FUNE Health	220	NAME (Type) SC DE 236 NAME OF CEMETERY OF CREMATORY 23d LOCATION (Cdy or Town) (	County) (State)
5 12		REMOVAL (Specify)	**
	24		ENATURE CARE
VR A15ME ,5)		HYSONG S TUNERAL HOME 1300-N.ST, N.W. WASH. D.C. DAAN 1 0 1969	10 3

л А **р** и и **н и и** 

Alls. 5 I April 1

	MARILAND STATE DEPARTMENT OF HEALTH			
Me	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
	0125 CERTIFICATE OF DEATH			
· 4 ~4	1 DECEASED NAME First Middle East 20, DATE OF DEATH 2b, HOUR			
ter deoth. funeral s I and 2 fter death.	(Type or print) There P It sades Jan 8 69 10 Month Day 6 4 10 P.M.  3 SEX 4 RACE 15 DATE OF PIDTY 14 ACE 11 MARKET 15 IN M			
	3 SEX 4 RACE IS NOTE OF PIRTH A ACE III WATER 1 SERVICE I SE HAVE I VERD 1 SERVICE I SE HAVE I SE HA			
the furnages 1	3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years if JNDER I YEAR IS UNDER JAKES MIN) 10 AGE (In years if JNDER I YEAR IS UNDER JAKES MIN) 10 AGE (In years if JNDER I YEAR IS UNDER JAKES MIN) 11 AGE (IN YEAR IS UNDER JAKES MIN) 12 AGE (IN YEAR IS UNDER JAKES MIN) 13 SEX			
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
8 7 18	70 BIRTHPLACE (Stole or foreign 7b CHT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH			
hin 24 hour filled-in-by pdoers.	COUNTRY) L'A, U.SA WIDOWED DIVORCED DONALD MA			
7 2 2 2 2	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (I not in hospital 12a USUA, OCCUPAT ON (Kind of Work done 12b K ND OF BUSINESS OR			
equires that the deoth certificate be executed within 24 hours after physicion. Signed by the attending physician and completely filled-in by the fuburial-transit permit. Then please remove carbon papers. Pages I burial, crematian, or removal, and in any event, within 72 four after	give stiget oddressly during mast at warking life, even threeting d.) INDUSTRY			
× lested ×	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d institution: Residence before 13d institution: Residence 13d institution: Resi			
pple / /	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13C, CITY OR TOWN 1334 INSIDE CITY LIMITS? 136 STEPET AND NUMBER 1375 SUNITY 1375 NO 1375			
oo	production from delighter - 1308 perconfane			
ond rem	14 FATHER'S MAINE First Middle Lost (15. MOTHER'S MAIDEN NAME First Middle Lost			
المَّادِّةِ وَ مُعْرِدُ	Thatleer Freday Cerelin faction			
e deoth cetificate b attending physician sermit. Then please an, or removol, and i	160 WAS DECEASED EVER IN L.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT / Address Address			
(	Yes, no, or unknownty (ves give wor or doles of service)			
ta da la	APPROXIMATE INTERVAL			
in the second	PART 1. DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY.			
end end	IMMEDIATE (ause (a) ( Scill myranical Solving ( anterior of Lifter )			
att att	DUE TO, OR AS A CONSEQUENCE OF			
the sit proti	(anditions, if any which gave) (b) (b) (conditions, if any which gave)			
hat n. y, t ans	rise to immediate cause (a) (			
The law requires that the deoth ce of the other of the deoth ce of the been signed by the attending se os the buriol-transit permit. The prorto buriol, crematian, or remains	and the distribution of the state of the sta			
Jire Jane Jane Jane Jane	- 10_ Significant franchistation			
2 3 A	PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)			
ifing the the	8			
end end s b os os	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 1216 TIME OF INITIALY 1216 HOW INITIALY OF INITI			
at to de se to the second	YES NO CAUSES OF DEATH?			
or or u				
E SE	S CONTR BUTING CLAUSE OF DEATH   HOUR A.M. Manth Day Year			
PHYSICIAN: te hospital of his certificate stached for u Dept. of Heo	[If either, notify medical examiner) P.M 19 21d No. LRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. (ify or Town County State			
is to be	21d No.CRY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.)  21f LOCATION Street or R.F.D. No. (ifty or Town County State  County State			
ING PHYSICIAL by the hospital fer this certifics be detached fo State Dept. of H	di waik oi waik			
Steel Steel	22a I certify that (i) (this haspital) attended by eceased from 19 19 10 19 10 19 10 19 10st			
P P P P P P P P P P P P P P P P P P P	saw the deceased alive an19, and that in (my) (ear) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (we not) view the body after death.			
OR ATTENDING be retained by th DIRECTOR: After t pr 3 should be de ed with the State				
R A B S S S S S S S S S S S S S S S S S S	TITENDING MED STAFF			
o pe pe	JULICIA TO SULLAND MARKET PHYS DIRECTOR DIPHYS DI 1/8/67			
TAI AL Po po po po le fi	22d. PHYS CIAN'S AND COLUMN CO			
SPITAL 4 moy NERAL I tor, pog Id be fil	WENTER CI SERUBESTAND 15413 CENTER HOUSE NESTED			
Poge direct	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Md.			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	Cedar Hill Crematory Suitland, Prince Georges Co.			
111/1	24 FUNERA DIRECTOR Gawler's Sons, Inc., 510000 Wisc. Ave. 250 REGISTARY 1969 REGISTARY SIGNALLY STORY			
VR A13/41/45M 45M	Joseph Gawler's Sons, Inc., 51000 Wisc. Ave. 250 REGISTAR 1969 REGISTAR 1960 REGISTAR			

7 6 89

\*

.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01288 01.292 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR\_ be executed within 24 hours after death. death nera (Type or print) S. DATE OF BIRTH 4. RACE 3. SEX 6. AGE (In years IF UNCER I YEAR last birthoay MONTHS YRS 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED THE NEVER MARRIED COUNTY OF DEATH country) burial, crematian, ar remaval, and in any event, within 72 t DIVORCED [ WIDOWED and campletely filled remove carban pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE Universe decaded lived, if institution: Residence before odmission) STATE 13b. COUNTY 13c. ETTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Lost Wilbert Nellie ? Yoho physician sertificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address attending pro-Yes no, or unknown) 577-18-8067 Melva T. Yoho Same as item # 13e 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY The law requires that the death CARCINOMA OF SIGMOID COLON WITH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF HEPATIC METASTASES 14 MO. signed by the burial-tronsit p Conditions, if ony, which gove; MASSIVE rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior tal 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 214 LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from Novimber saw the deceased alive an 1962, and that in (my) ( \_1968, and that in (my) (per) apinian death accurred an the date and have and from the causes stated abave (1) (was tried) (did nat) view the bady after death. 22b, SIGNATUR 22. DATE SIGNED PHYS. PHYS. DIRECTOR 22d. PHYSICIAN'S NAME Type 22e. ADDRESS COX 56 10 16 1 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL CREMATION 23b. DATE (County) Bu PEMOVAL (Specify) Md. Fort Lincoln Prince Geo. Rockwille, Pike 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S Tyson Wheeler Funeral Home Rockville, Md. DATEJAN 1969 30M REV.

32 bags 5 377-13-2057 Justa V. Youn to ton an icen F Lin . hit - . cel mesirs? Tyron briler Juneral Money Postville, MA. wild. 657

1	1	MARYLAND STATE DEPARTMENT OF HEALTH				
FOD CTATE	0.1293 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
FOR STATE	-		01289			
HEALTH DEPT.		DECEASED-NAME First Middle Lost 2a DATE KNOWN Manth OF ESTI-	12-12-			
y is oge taf		William Worsey young DEATH MATED \$27	27 1969 8 KM			
delay ind 3 i i3. Pag	3. 5	Inst. birthdov) MCNTHS DAYS HOURS MIN AL AL	Year 2d. HOUR			
2, and 3 to PM3. Page	11	hale white Dec 8, 1902 66 485.	1969 8 AH			
Depart PAM		BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	-			
to do		Horth Carelina ( ) / WIDOWED DIVORCED 1/10ml	Jonery Md			
fer death Give Pages ong with far th. the State	10.	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR			
the grad	_		Seri- Emplo			
2 wile death.		1. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 13b. COUNTY 13c. 13c. CITY LIMITS?	1101			
18. 18. 12 will 2 will dear dear		That more haycross is in 3/03 con	uff the			
thaurs Item 19 Office 1 and 2	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	last			
24 r's ( r's (	L	William Dorsey young Viala	Darber			
MINER: This certificate shauld be executed within 24 haurs after death the certificate, writing the ward "pending" in pencil in Item 18. Give Pag 4 shauld be forwarded to the Chief Medical Examiner's Office along with ur files.  Journal of the control of the co		. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Social Security No. 17. INFORMANT	earl de			
with per xam	L,	Not Avail. Son Wm. Young TIT	above			
Fir. F		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ing ing adice		IMMEDIATE CAUSE (a) Anoxi a	2 mm			
ex end m if p		953 X DUE TO, OR AS A CONSEQUENCE OF				
be "p		(chiditions, if any, which gave ) (b) Hanging with necktie	D. Jum			
auld be executed vard "pending" in he Chief Medical Edi-transit permit. Fany event within		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF				
shauld be executed wine ward "pending" in perion the Chief Medical Examburial-transit permit. File in any event within 72	10	last. (c)				
This certificate itale, writing the be forwarded to do be used as a tar for remaval, and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)				
iffica iting ardec al, a	N					
wr wr used	CATE	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?			
be fe fo	CERTIFICATION		AEZ NO NO			
4 _ 9	30 11	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, It	lem 18.)			
INER e cert shaul files. 3 shau	MEDICAL	CAUSE OF DEATH				
MIN the tr fir	×	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.)	County State			
DEPUTY SICAL EXAMINER: cessory, please execute the certie of function. Page 4 shauld may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation,		AT WORK WAT WORK WI Llome - 12705 Colditt N. ChevyChas	e Mint - INA			
AL EXA execute ir. Page if for ya TOR: Pag urial, cri		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection X, Inquiry X	I and in my opinion			
ury, please ereal director. be retained RAL DIRECTOR prior to bu		death resulted fram: Natural causes 🔲 , Accident 🔲 , Suicide 🔀 Homicide 🔲 , Undetermined monner				
direct direct of the control of the		CHIEF MEDICAL EXAMINER				
AL Digar		SIGNATURE John S. 13 LL M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED			
EPUTY DICA SSORY, please extended director, by be retained invertor. IN ERAL DIRECTOR INFORMATION OF THE PRIOR TO BUILD AND THE BUILD AND THE PRIOR TO BUILD AND THE BUILD AN		EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	12/1767			
		NAME (Type) JOHN G. BALL ADDRESS (Street, city, town, or county) Bethes				
0 c = 2 5 ±	230	o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)			
	_	Burial 11-30-69 Parklawn Cemetery Rockville, Mon	tg.Co. Md.			
WE ATEME (EL) DO	24.	FUNERAL DIRECTOR 7557 ADDRESCONS IN AVE SO. RECT BY REGISTRAR 256. REGISTRARS 256. REGISTRANS	SIGNATURE -			
VR A15ME (5) 10M REV. 1/68		ROBERT A. PUMPHREY, Bethesda, Marylandom FEB 3 1968				

